

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F04000001381

1. Entity Name
THE RICHARD E. JACOBS GROUP, INC.



Principal Place of Business
**25425 CENTER RIDGE ROAD
WEST LAKE, OH 44145**

Mailing Address
**25425 CENTER RIDGE ROAD
WEST LAKE, OH 44145**

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1911289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP JACOBS, RICHARD E 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JUDSON E 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HANSEN, WILLIAM R 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGIVNEY, KRITSTINE 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/06-80092-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06

Date

440 871 4800

Daytime Phone #