

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 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**



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1911289

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SMITH, JUDSON E
25425 CENTER RIDGE ROAD
WEST LAKE, OH 44145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
HANSEN, WILLIAM R
25425 CENTER RIDGE ROAD
WEST LAKE, OH 44145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCGIVNEY, KRITSTINE
25425 CENTER RIDGE ROAD
WEST LAKE, OH 44145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000554581
03/22/07-80056-001 150.00

**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: Kristine McGivney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07 4408714800
Date Daytime Phone #