## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # F0400001381  1. Entity Name THE RICHARD E. JACOBS GROUP, INC.						04-21-2008	90099 04	47 ***150	).00
Principal Place of Business 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145		Mailing Address 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145			IIII BIBU BEW BEW EBW			IEBH II IEBH	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State		4. FEI Number 34-1911:	289			plied For Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of	Status Desired		\$8.75 Add ee Required	
-	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered A	gent -	,
				Name					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
\$									
			City				FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut				~ — +-	5.00 May Be ded to Fees				
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10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN-11.,
10.	CEOP	DIRECTORS  Delete	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS  Change	S IN-11.,
TITLE NAME	CEOP JACOBS, RICHARD E		TITLE	:	ADDITIONS/C	HANGES TO OFF	ICERS AND	_	
TITLE NAME STREET ADDRESS	CEOP JACOBS, RICHARD E 25425 CENTER RIDGE ROAD		TITLE NAMI STRE	ET ADDRESS	ADDITIONS/C	HANGES TO OFF	ICERS AND	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP JACOBS, RICHARD E 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145	☐ Delete	TITLE NAMI STRE CITY	ET ADDRESS ST-ZIP	ADDITIONS/C	HANGES TO OFF	ICERS AND	Change	Addition
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12. I hereby certify that the information supplied with this filling 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 of 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:

MENTINE THE SIGNING OFFICER OR DIRECTOR

4408714800 4-15-08

Daytime Phone #