

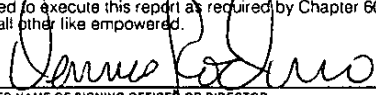


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90022 048 \*\*\*150.00

<b>DOCUMENT # F04000004789</b> 1. Entity Name <b>OS TITLE AGENCY, INC.</b>					
Principal Place of Business <b>1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114</b>			Mailing Address <b>1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40025027</b> 	
City & State		City & State		01262006    Chg-P    CR2E034 (11/05)	
Zip    Country		Zip    Country		4. FEI Number <b>34-1006778</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GOLDBERG, PETER 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dennis Rodino</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV LEDERMAN, JESS 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Assistant Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>William Boukalik</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS FREIMUTH, MARC W 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vivian Solganik Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PRESBY, ALAN 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer Anthony Donatelli <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD GOLDBERG, GERALD 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC TRAYTE, STEPHEN 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Dennis Rodino</b>				2/7/06    216-588-3249	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	