

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005467

FILED
Jan 14, 2005
Secretary of State

Entity Name: MCDONALD HOPKINS CO., LPA

Current Principal Place of Business:

600 SUPERIOR AVENUE, SUITE 2100
CLEVELAND, OH 44114

New Principal Place of Business:

Current Mailing Address:

600 SUPERIOR AVENUE, SUITE 2100
CLEVELAND, OH 44114

New Mailing Address:

FEI Number: 34-1059058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELZGER, JOHN T
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, SUITE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

METZGER, JOHN T
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, SUITE 700
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: JOHN T. METZGER

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPRESTI, JOSEPH J JR
Address: 600 SUPERIOR AVENUE, SUITE 2100
City-St-Zip: CLEVELAND, OH 44114

Title: VD () Delete
Name: O'NEILL, WILLIAM J
Address: 600 SUPERIOR AVENUE, SUITE 2100
City-St-Zip: CLEVELAND, OH 44114

Title: AVD () Delete
Name: COOPER, RICHARD S
Address: 600 SUPERIOR AVENUE, SUITE 2100
City-St-Zip: CLEVELAND, OH 44114

Title: AVD () Delete
Name: ZELLMER, CHARLES B
Address: 600 SUPERIOR AVENUE, SUITE 2100
City-St-Zip: CLEVELAND, OH 44114

Title: SD () Delete
Name: RILEY, SHAWN M
Address: 600 SUPERIOR AVENUE, SUITE 2100
City-St-Zip: CLEVELAND, OH 44114

Title: TD () Delete
Name: GRASSI, CARL J
Address: 600 SUPERIOR AVENUE, SUITE 2100
City-St-Zip: CLEVELAND, OH 44114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. LOPRESTI JR

PD

01/14/2005

Electronic Signature of Signing Officer or Director

Date