

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004839

**FILED**  
**Oct 09, 2012**  
**Secretary of State**

**Entity Name:** PETERS, TSCHANTZ & ASSOCIATES, INC.

**Current Principal Place of Business:**

275 SPRINGSIDE DRIVE  
SUITE 300  
AKRON, OH 44333

**New Principal Place of Business:**

**Current Mailing Address:**

275 SPRINGSIDE DRIVE  
SUITE 300  
AKRON, OH 44333

**New Mailing Address:**

**FEI Number:** 34-1226091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRBANKS, RANDAL C ESQ.  
76 LAURA STREET  
SUITE 2100, SUN TRUST BLDG.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

BRENNAN, MANNA & DIAMOND  
3301 BONITA BEACH ROAD  
SUITE 100  
BONITA SPRINGS, FL 34134 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: RICHARD W. BURKE

10/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: PETERS, JAMES E  
Address: 510 SPRING VALLEY DRIVE  
City-St-Zip: WADSWORTH, OH 44281

Title: P  
Name: PETERS, JAMES E  
Address: 510 SPRING VALLEY DRIVE  
City-St-Zip: WADSWORTH, OH 44281

Title: STD  
Name: TSCHANTZ, DAVID P  
Address: 336 MELBOURNE AVENUE  
City-St-Zip: AKRON, OH 44313

I hereby 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 all other like empowered.

SIGNATURE: DAVID P. TSCHANTZ

STD

10/09/2012

Electronic Signature of Signing Officer or Director

Date