

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006516

Entity Name: UAI AGENCY, INC.

FILED  
Apr 03, 2008  
Secretary of State

## Current Principal Place of Business:

1422 EUCLID AVE #900  
CLEVELAND, OH 44115

## New Principal Place of Business:

## Current Mailing Address:

1422 EUCLID AVE #900  
CLEVELAND, OH 44115

## New Mailing Address:

FEI Number: 34-1103603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COO ( ) Delete  
Name: MCMAHON, JAMES J  
Address: 2945 FAIRMOUNT BLVD  
City-St-Zip: CLEVELAND HTS, OH 44118

Title: CEO ( ) Delete  
Name: COGAN, JAMES E  
Address: 32251 SHAKER BLVD  
City-St-Zip: PEPPER PIKE, OH 44124

Title: VP ( ) Delete  
Name: KIRCHER, BERNARD  
Address: 3342 MAYNARD RD  
City-St-Zip: SHAKER HTS, OH 44122

Title: CFO ( ) Delete  
Name: BOYLE, JOHN J IV  
Address: 14300 SOUTH PARK BLVD  
City-St-Zip: SHAKER HTS, OH 44120

Title: ST ( ) Delete  
Name: BOYLE, JOHN J IV  
Address: 14300 SOUTH PARK BLVD  
City-St-Zip: SHAKER HTS, OH 44120

Title: VP ( ) Delete  
Name: MADAY, DONALD J  
Address: 16503 EDGEWATER DRIVE  
City-St-Zip: LAKEWOOD, OH 44107

## 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 exemption stated 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 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: JOHN J. BOYLE, IV

CFO

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date