


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90211 022 ***150.00

DOCUMENT # F07000001173 1. Entity Name QUEST SALES & SERVICES, INC.					
Principal Place of Business 1400 RAFF RD. SW CANTON, OH 44750			Mailing Address 1400 RAFF RD. SW CANTON, OH 44750		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1531578	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCHMALTZ, DANA L. 1400 RAFF RD. SW CANTON, OH 44750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John W. Childs 111 Huntington Ave., Suite 2900 Boston, MA 02199-7610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SCHNABEL, ROBERT R. JR 1400 RAFF RD. SW CANTON, OH 44750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TESCHKE, JEFFREY T. 1400 RAFF RD. SW CANTON, OH 44750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steven G. Segal 111 Huntington Ave., Suite 2900 Boston, MA 02199-7610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PETERSILGE, DAVID 1400 RAFF RD. SW CANTON, OH 44750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete CLARK, MICHAEL 1400 RAFF RD. SW CANTON, OH 44750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete WATERS, CRAIG 1400 RAFF RD. SW CANTON, OH 44750		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.					
SIGNATURE: <i>Leslie McClaning</i> Leslie McClaning <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 330-478-0755 <small>Daytime Phone #</small>		

ATTACHMENT

40037505

F07000001173

Quest Sales & Services, Inc
Document # F07000001173
FEIN 31-1531578

Addendum to Officers And Directors Additions/Changes

TITLE T
NAME Leslie McClaning
STREET ADDRESS 1400 Raff Road SW
CITY, ST , ZIP Canton, Ohio 44750

☒ X Addition

TITLE D
NAME David A. Fiorentino
STREET ADDRESS 111 Huntington Ave., Suite 2900
CITY, ST , ZIP Boston, MA 02199-7610

☒ X Addition