

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90052 001 ***300.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000002090

1. Entity Name
B & I OHIO CORPORATION



Principal Place of Business
**34555 CHAGRIN BOULEVARD
MORELAND HILLS, OH 44022**

Mailing Address
**34555 CHAGRIN BOULEVARD
MORELAND HILLS, OH 44022**

66015740



07172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1617958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
WOLSTEIN, IRIS S
34555 CHAGRIN BOULEVARD
MORELAND HILLS, OH 44022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TAS
MARTON, STEVEN L
34555 CHAGRIN BOULEVARD
MORELAND HILLS, OH 44022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Steven L. Marton

Steven L. Marton, Assistant Secretary **Jul 22 2008** **440-247-5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #