

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004745

Entity Name: MERC ACQUISITIONS, INC

FILED  
Jun 24, 2009  
Secretary of State

## Current Principal Place of Business:

7800 HUB PKWY  
VALLEY VIEW, OH 441255711

## New Principal Place of Business:

## Current Mailing Address:

7800 HUB PKWY  
VALLEY VIEW, OH 441255711

## New Mailing Address:

FEI Number: 34-1604370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, MICHAEL W  
6582 COMMONWEALTH AVE., BLDG. 2  
JACKSONVILLE, FL 32254 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BIANCO, TOM  
Address: 16420 CROWN POINTE  
City-St-Zip: CHAGRIN FALLS, OH 44023

Title: D ( ) Delete  
Name: MERCKLE, ROBERT D  
Address: 101 LEDGE RD.  
City-St-Zip: HINKLEY, OH 44233

Title: D ( ) Delete  
Name: PUFFERBERGER, JAMES C III  
Address: 25101 CHAGRIN BLVD.  
City-St-Zip: CLEVELAND, OH 44102

Title: DST ( ) Delete  
Name: ROSS, STEVEN M  
Address: 25101 CHEGRIN BLVD.  
City-St-Zip: CLEVELAND, OH 44102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: BIANCO, TOM  
Address: 16420 CROWN POINTE  
City-St-Zip: CHAGRIN FALLS, OH 44023

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: NANCY A. LYON, CONTROLLER

CONT

06/24/2009

Electronic Signature of Signing Officer or Director

Date