

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002341

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** CARNEGIE PROPERTIES, INC.

**Current Principal Place of Business:**

6190 COCHRAN RD SUITE A  
SOLON, OH 44139

**New Principal Place of Business:**

**Current Mailing Address:**

6190 COCHRAN RD SUITE A  
SOLON, OH 44139

**New Mailing Address:**

**FEI Number:** 34-0972935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PESSER, MARVIN  
7234 FRANCISCO BEND DR  
DELRAY BEACH, FL 33446 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

**OFFICERS AND DIRECTORS:**

Title: CS  
Name: PESSER, PAUL D  
Address: 6190 COCHRAN RD SUITE A  
City-St-Zip: SOLON, OH 44139

Title: D  
Name: MEISEL, JAN  
Address: 6190 COCHRAN RD SUITE A  
City-St-Zip: SOLON, OH 44139

Title: D  
Name: MEISEL, MICHAEL  
Address: 6190 COCHRAN RD SUITE A  
City-St-Zip: SOLON, OH 44139

Title: DPT  
Name: MEISEL, PETER  
Address: 6190 COCHRAN RD SUITE A  
City-St-Zip: SOLON, OH 44139

Title: DVP  
Name: PESSER, KIM  
Address: 6190 COCHRAN RD SUITE A  
City-St-Zip: SOLON, OH 44139

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: PETER MEISEL

DPT

01/04/2011

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

\_\_\_\_\_  
Date