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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001186

1. Corporation Name

MCD REAL ESTATE, INC.

Principal Place of Business

**MCDONALD INVESTMENT CENTER
800 SUPERIOR AVENUE
CLEVELAND OH 44114-2603
US**

Mailing Address

**MCDONALD INVESTMENT CENTER
800 SUPERIOR AVENUE
CLEVELAND OH 44114-603
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1993

4. FEI Number

34-1331003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOGOTT, TIMOTHY R
% MARINER CAPITAL MANAGEMENT, INC.
13391 MCGREGOR BLVD., SW
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDINGER, JAMES C	1.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR 800 SUPERIOR AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNDIFF, RICHARD R III	2.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, HENRY V	3.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMESON, PATRICIA J	4.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUTTERBUCK, ROBERT T	5.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, WILLIAM B JR.	6.2 NAME	
STREET ADDRESS	MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 03	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #