

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001845 (7)

1. Corporation Name

RICHARD J. LOMBARDI & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

6100 ROCKSIDE WOODS BLVD. #315
INDEPENDENCE OH 44131

6100 ROCKSIDE WOODS BLVD. #315
INDEPENDENCE OH 44131

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

05/10/1995

2. Principal Place of Business

2a. Mailing Address

21 8800 E. Pleasant Valley

2a. 8800 E. Pleasant Valley

4. FEI Number

34-1731166

Applied For

Not Applicable

22 Suite, Apt. #, etc.

105

27 Suite, Apt. #, etc.

#105

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State
Independence, Oh

28 City & State
Independence, Oh

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

44131

25 Country

Cuyahoga

29 Zip

44131

30 Country

Cuyahoga

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, if not applicable

(Note: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPST
NAME LOMBARDI, RICHARD J
STREET ADDRESS 105 FAIRVIEW ROAD
CITY- ST- ZIP CHAGRIN FALLS OH 44022 ☐ DELETE

TITLE AT
NAME LOMBARDI, KAREN
STREET ADDRESS 105 FAIRVIEW ROAD
CITY- ST- ZIP CHAGRIN FALLS OH 44022 ☐ DELETE

TITLE AS
NAME SIEGEL, ED
STREET ADDRESS 20600 CHAGRIN BLVD.
CITY- ST- ZIP SHAKER HTS. OH 44122 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96

Date

Day/Month/Year

CR2E034 (12/95)