

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90181 023 ***150.00

DOCUMENT # F93000003215

1. Corporation Name
AGA GAS, INC.

Principal Place of Business
6055 ROCKSIDE WOODS BLVD
INDEPENDENCE OH 44131
US

Mailing Address
P O BOX 94737
CLEVELAND OH 44101-737
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1993

4. FEI Number

34-0122550

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

2a. Mailing Address

21 6055 ROCKSIDE WOODS BLVD

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

INDEPENDENCE, OH

29 Zip

44131

Country

USA

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T 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 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 PD ☐ DELETE

NAME MURPHY, PATRICK F
STREET ADDRESS 6225 OAK TREE BLVD.
CITY-ST-ZIP CLEVELAND OH 44131

1.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

NAME BRULL, JOHN J
STREET ADDRESS 6225 OAK TREE BLVD.
CITY-ST-ZIP CLEVELAND OH 44131

2.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME D'AGOSTINO, JOSEPH M
STREET ADDRESS 6225 OAK TREE BLVD
CITY-ST-ZIP CLEVELAND OH

3.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BURROWS, DONALD F JR.
STREET ADDRESS 6225 OAK TREE BLVD.
CITY-ST-ZIP CLEVELAND OH 44131

4.1 TITLE ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME ZIEGLER, MICHAEL J
STREET ADDRESS ONE RIVER PLACE SUITE B
CITY-ST-ZIP LANSING IL

5.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME ZEMAN, MONICA M.
STREET ADDRESS 6225 OAK TREE BLVD
CITY-ST-ZIP INDEPENDENCE OH

6.1 TITLE ☐ Change ☐ Addition

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
TERRANCE A. O'MALLEY 416/642-6600

CR2E034 (11/98)