

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90053 037 ***150.00

DOCUMENT # F93000003248			
1. Entity Name GLAUS, PYLE, SCHOMER, BURNS & DE HAVEN, INC.			
Principal Place of Business 520 S. MAIN STREET, SUITE 2531 AKRON OH 44311		Mailing Address 520 S. MAIN STREET, SUITE 2531 AKRON OH 44311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



49066001



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CLARK, WILLIAM N. CT CORPORATION SYSTEMS, INC. 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				4. FEI Number 34-1134715		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Name				Street Address (P.O. Box Number is Not Acceptable)		City	
				FL		Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	BM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRANGER, DAVID B P.E.			NAME	DARRIN KOTELKE		
STREET ADDRESS	520 S. MAIN ST., SUITE 2531			STREET ADDRESS	520 S. MAIN ST., SUITE 2531		
CITY-ST-ZIP	AKRON OH 44311			CITY-ST-ZIP	AKRON, OH 44311		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAMER, BRADLEY			NAME			
STREET ADDRESS	520 SOUTH MAIN STREET 2531			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44311			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, DAVID J.			NAME			
STREET ADDRESS	520 S MAIN ST SUITE 2531			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIVES, JAMES R P.E.			NAME			
STREET ADDRESS	520 S. MAIN ST., SUITE 2531			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44311			CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICK, RALPH A			NAME			
STREET ADDRESS	520 S MAIN ST STE 2531			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44311			CITY-ST-ZIP			
TITLE	BM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, JEFFREY D			NAME			
STREET ADDRESS	520 S MAIN ST STE 2531			STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44311			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES SHIVES** 3-4-04 370-572-2100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #