FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004337 (2)**

1. Corporation Name

NORTHERN LAKE PROPERTIES, INC.

Principal Place of Business	Mailing Address
18500 LAKE ROAD #200 ROCKY RIVER OH 44116 US	18500 LAKE ROAD #200 ROCKY RIVER OH 44116 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 20220 Center Ridge Rd.
Suite, Apt. #, etc.
22: #120
City & State
23: Rocky River OH
Zip 24: 44116 Country 25: US

2a. Mailing Address
26: 20220 Center Ridge Rd
Suite, Apt. #, etc.
27: #120
City & State
28: Rocky River OH
Zip 29: 44116 Country 30: US

4. FEI Number: 34-1385247 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SYSTEMS, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ADAMS, ALBERT T	12 NAME		
STREET ADDRESS	1900 EAST 9TH STREET, STE. 3200	13 STREET ADDRESS		
CITY ST ZIP	CLEVELAND OH 44114-3485	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	GIBBONS, MICHAEL E	22 NAME		
STREET ADDRESS	18824 PALM CIRCLE	23 STREET ADDRESS		
CITY ST ZIP	FAIRVIEW PARK OH 44120	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	AUMILLER, EDWARD	32 NAME		
STREET ADDRESS	1515 LARCHMONT AVENUE	33 STREET ADDRESS		
CITY ST ZIP	LAKEWOOD OH 44107	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	PLACIDO, RICHARD E	42 NAME	Placido, Richard E.	
STREET ADDRESS	21330 CENTER RIDGE ROAD	43 STREET ADDRESS	35762 Center Ridge Rd	
CITY ST ZIP	ROCKY RIVER OH 44116	44 CITY ST ZIP	North Ridgeville OH 44039	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: Edward J. Aumiller 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date
Edward J. Aumiller, Treasurer

0466486 FP