

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90082 050 ***150.00

DOCUMENT # F93000004856

1. Corporation Name

OREO CORP. OF OHIO

Principal Place of Business

127 PUBLIC SQUARE
CLEVELAND OH 44114

Mailing Address

C/O CORPORATE TAX DEPT.
127 PUBLIC SQUARE, 13TH FL.
CLEVELAND OH 44114-1306
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

4. FEI Number

34-1234878

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O 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 ☐ DELETE

NAME
CD
GRUNAWALT, KARL G
STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
P
KUJAR, KEVIN
STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
S
GRUNICK, REBECCA J
STREET ADDRESS
127 PUBLIC SQ
CITY-ST-ZIP
CLEVELAND OH

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
127 PUBLIC SQ
CITY-ST-ZIP
CLEVELAND OH

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
T
RESCHKE, ROBERT A.
STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
SCHUTTER, DAVID
STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
ATAS
SINOPOLI, SHANI
STREET ADDRESS
127 PUBLIC SQUARE
CITY-ST-ZIP
CLEVELAND OH

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 #

CR2E034 (1/198)