

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90319 029 ***150.00

0647886 AT

DOCUMENT # F93000004856

1. Entity 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**

11035372



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1234878**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED- TERRILL, NANCY D
127 PUBLIC SQUARE
CLEVELAND OH 44114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P EAMES, NADINE
127 PUBLIC SQUARE
CLEVELAND OH 44114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairperson of the Board
Petak, Gary
330 East First Ave.
Denver, CO 80206** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T- BUFOGLE, PATRICIA
127 PUBLIC SQUARE
CLEVELAND OH 44114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Foisel, Michael
127 Public Square
Cleveland, OH 44114** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Valko, George
127 Public Square
Cleveland, OH 44114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Signature of Michael Foisel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

Daytime Phone #

CR2E034 (10/02)