

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F93000005296**

1. Corporation Name

**BYC, INC.**

Principal Place of Business  
**6140 PARKLAND BLVD.  
PARAGON CENTER  
MAYFIELD HEIGHTS OH 44124**

Mailing Address  
**6140 PARKLAND BLVD.  
PARAGON CENTER  
MAYFIELD HEIGHTS OH 44124**

**FILED**  
**Aug 20, 1999 8:00 am**  
**Secretary of State**

08-20-1999 90002 032 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/19/1993**

4. FEI Number

**34-1754037**

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOMSICH, ROBERT J</b>	
STREET ADDRESS	<b>6140 PARKLAND BLVD.</b>	
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH 44124</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BIACOFKY, JOHN</b>	
STREET ADDRESS	<b>6140 PARKLAND BLVD.</b>	
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH 44124</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEHRIG, RALPH L</b>	
STREET ADDRESS	<b>6180 PARKLAND BLVD</b>	
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TOMSICH, ROBERT J.</b>	
1.3 STREET ADDRESS	<b>6140 PARKLAND BLVD., SUITE 110</b>	
1.4 CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, OH 44124</b>	
2.1 TITLE	<b>VAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BIACOFKY, JOHN</b>	
2.3 STREET ADDRESS	<b>6140 PARKLAND BLVD., SUITE 110</b>	
2.4 CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, OH 44124</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BRAINARD, PATRICK J.</b>	
4.3 STREET ADDRESS	<b>6140 PARKLAND BLVD., SUITE 110</b>	
4.4 CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, OH 44124</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Patrick J. Brainard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/16/99*  
Date

Daytime Phone #

CR2E034 (5/99)

0118909

F93000005296  
608239-90002-32

**NESCO INC.**

6140 PARKLAND BLVD.  
MAYFIELD HGTS., OH 44124  
(440) 461-6000  
FAX (440) 449-3111

July 21, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: 1999 Profit Corporation Annual Report Document #F93000005296  
BYC, Inc.  
FEI Number 34-1754037

Dear Florida Department of State Representative:

We are requesting abatement of the \$400 late penalty assessed for filing this report after May 1, 1999.

We did not receive the First Notice and were unaware of the filing requirement until the Second Notice was received. In addition, our corporation experienced a change in the Director of Taxation position during the year.

We have taken steps to prevent late filing in the future, including scheduling the return preparation during the period January 1 through April 30. We have also included our suite number on the mailing address line to aid in delivery of the pre-printed annual report.

Please abate the \$400 late penalty.

Sincerely,



Patrick J. Brainard  
Vice President – Director of Taxation