

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000005296

1. Entity Name  
BYC, INC.



Principal Place of Business  
6140 PARKLAND BLVD.  
STE 110  
MAYFIELD HEIGHTS, OH 44124

Mailing Address  
6140 PARKLAND BLVD.  
STE 110  
MAYFIELD HEIGHTS, OH 44124



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1754037

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000928891  
05/21/08-80046-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TOMSICH, ROBERT J  
STREET ADDRESS 6140 PARKLAND BLVD.  
CITY-ST-ZIP MAYFIELD HEIGHTS, OH 44124

TITLE VAS  
NAME BIACOFISKY, JOHN  
STREET ADDRESS 6140 PARKLAND BLVD.  
CITY-ST-ZIP MAYFIELD HEIGHTS, OH 44124

TITLE VS  
NAME BRAINARD, PATRICK J  
STREET ADDRESS 6140 PARKLAND BLVD.  
CITY-ST-ZIP CLEVELAND, OH 44124

TITLE D  
NAME TOMSICH, JOHN R  
STREET ADDRESS 6140 PARKLAND BLVD  
CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08  
Date

Daytime Phone # \_\_\_\_\_