

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 10:02

DOCUMENT # F94000000375 (5)

1. Corporation Name

INTEREXEC, INC.

Principal Place of Business

1127 EUCLID AVE.
SUITE 1400
CLEVELAND OH 44115

Mailing Address

1127 EUCLID AVE.
SUITE 1400
CLEVELAND OH 44115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

34-1701401

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes

☐

Yes

☐

No

24

Country

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
SCHONBERG, ALAN R
1127 EUCLID AVE., #1400
CLEVELAND OH 44115

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VT
AGLINSKY, WILLIAM E
1127 EUCLID AVE., #1400
CLEVELAND OH 44115

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

SV
GOLDMAN, DONALD L
1127 EUCLID AVE., #1400
CLEVELAND OH 44115

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VAS
GANDAL, ROBERT
1127 EUCLID AVE., #1400
CLEVELAND OH 44115

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

V
MARTH, DAVID L
1127 EUCLID AVE., #1400
CLEVELAND OH 44115

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
GARRISON, WALTER R
1127 EUCLID AVE., #1400
CLEVELAND OH 44115

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐

Change

☐

Addition

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 110.07(3)(b), 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:

By:

W. R. Garrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/Treas.

6-7-95

216/696-1122

Title

Telephone #

CR2E034 (3/95)