

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F94000000375 (5)**

1. Corporation Name
INTEREXEC, INC.

Principal Place of Business 200 PUBLIC SQUARE 31ST FLOOR CLEVELAND OH 44114 US	Mailing Address 200 PUBLIC SQUARE 31ST FLOOR CLEVELAND OH 44114-2301 US
--	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. 200 PUBLIC SQUARE	4. FEI Number 34-1701401	Applied For ☐ Not Applicable
22. City & State	27. 31ST FLOOR	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHONBERG, ALAN R	1.2 NAME	
STREET ADDRESS	1127 EUCLID AVE., #1400	1.3 STREET ADDRESS	200 PUBLIC SQUARE 31ST FLOOR
CITY - ST - ZIP	CLEVELAND OH 44115	1.4 CITY - ST - ZIP	CLEVELAND OHIO 44114
TITLE	VT ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	AGLINSKY, WILLIAM E	2.2 NAME	
STREET ADDRESS	1127 EUCLID AVE., #1400	2.3 STREET ADDRESS	200 PUBLIC SQUARE 31ST FLOOR
CITY - ST - ZIP	CLEVELAND OH 44115	2.4 CITY - ST - ZIP	CLEVELAND OHIO 44114
TITLE	SV ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	GOLDMAN, DONALD L	3.2 NAME	
STREET ADDRESS	1127 EUCLID AVE., #1400	3.3 STREET ADDRESS	200 PUBLIC SQUARE 31ST FLOOR
CITY - ST - ZIP	CLEVELAND OH 44115	3.4 CITY - ST - ZIP	CLEVELAND OHIO 44114
TITLE	VAS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	GANDAL, ROBERT	4.2 NAME	
STREET ADDRESS	1127 EUCLID AVE., #1400	4.3 STREET ADDRESS	200 PUBLIC SQUARE 31ST FLOOR
CITY - ST - ZIP	CLEVELAND OH 44115	4.4 CITY - ST - ZIP	CLEVELAND OHIO 44114
TITLE	V ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MARTH, DAVID L	5.2 NAME	
STREET ADDRESS	1127 EUCLID AVE., #1400	5.3 STREET ADDRESS	200 PUBLIC SQUARE 31ST FLOOR
CITY - ST - ZIP	CLEVELAND OH 44115	5.4 CITY - ST - ZIP	CLEVELAND OHIO 44114
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	GARRISON, WALTER R	6.2 NAME	DIRECTOR
STREET ADDRESS	1127 EUCLID AVE., #1400	6.3 STREET ADDRESS	NITCH WIENICK
CITY - ST - ZIP	CLEVELAND OH 44115	6.4 CITY - ST - ZIP	1717 ARCH ST. 35TH FLOOR PHILADELPHIA PA 19103

14. I do 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: By: W. E. Aglinsky **WILLIAM E. AGLINSKY** 5-5-97 216/696-1122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & TREASURER Date Daytime Phone #
 0478320

CR2E034 (9/96)