

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90076 045 ***150.00

DOCUMENT # F94000000375

1. Entity Name

INTEREXEC, INC.

Principal Place of Business

Mailing Address

**00 PUBLIC SQUARE
 1ST FLOOR
 CLEVELAND OH 44114
 US**

**200 PUBLIC SQUARE
 31ST FLOOR
 CLEVELAND OH 44114-2301
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1701401

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	SALIKOF, ALLEN	
STREET ADDRESS	200 PUBLIC SQUARE 31ST FL	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VT	☐ Delete
NAME	AGLINSKY, WILLIAM E	
STREET ADDRESS	200 PUBLIC SQUARE, 31ST FLOOR	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SV	☐ Delete
NAME	GOLDMAN, DONALD L	
STREET ADDRESS	200 PUBLIC SQUARE, 31ST FLOOR	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VAS	☐ Delete
NAME	GANDAL, ROBERT	
STREET ADDRESS	200 PUBLIC SQUARE, 31ST FLOOR	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	☒ Delete
NAME	MARTH, DAVID L	
STREET ADDRESS	200 PUBLIC SQUARE, 31ST FLOOR	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	☐ Delete
NAME	WIENICK, MITCH	
STREET ADDRESS	1717 ARCH ST., 35TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA PA	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☒ Addition
NAME	JACK MITCHELL ID	
STREET ADDRESS	200 PUBLIC SQUARE 31ST FLOOR	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

By: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

216-696-1122

Daytime Phone #

CR2E034 (9/99)