

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000375

1. Entity Name
INTEREXEC, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90144 029 ***150.00

Principal Place of Business
**200 PUBLIC SQUARE
31ST FLOOR
CLEVELAND OH 44114
US**

Mailing Address
**200 PUBLIC SQUARE
31ST FLOOR
CLEVELAND OH 44114
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **34-1701401**

Applied For
Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **VP** ☐ Change ☒ Addition
NAME **DAVE CAMPEAS**
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 **SECRETARY** ☐ Change ☒ Addition
NAME **ANN SANTOMAS**
STREET ADDRESS **200 PUBLIC SQUARE 31ST FLOOR**
CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE **SV** ☐ Delete
NAME **GOLDMAN, DONALD L**
STREET ADDRESS **200 PUBLIC SQUARE, 31ST FLOOR**
CITY-ST-ZIP **CLEVELAND OH**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VAS** ☒ Delete
NAME **GANDAL, ROBERT**
STREET ADDRESS **200 PUBLIC SQUARE, 31ST FLOOR**
CITY-ST-ZIP **CLEVELAND OH**

TITLE **ASST TREASURER** ☐ Change ☒ Addition
NAME **ARLINGTON NAGLE, JR**
STREET ADDRESS **1717 ARCH ST 35TH FL**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **VP** ☒ Delete
NAME **MITCHELL, JACK III**
STREET ADDRESS **200 PUBLIC SQUARE, 31ST FLOOR**
CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *W. E. Aglinsky* **WILLIAM E. AGLINSKY**
V/P TREASURER (216) 696-1122 3/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)