## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # F9400000375 04-26-2004 91029 026 \*\*\*150.00 INTEREXEC, INC. Principal Place of Business Mailing Address 200 PUBLIC SQUARE 200 PUBLIC SQUARE 31ST FLOOR 31ST FLOOR CLEVELAND, OH 44114 CLEVELAND, OH 44114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 CR2E034 (10/03) Cha-F City & State City & State 4. FE! Number Applied For 34-1701401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required -7:-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Upnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . DATE . 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ▼ Addition TITLE PHIL CALAMIA NAME SALIKOF, ALLEN NAME 1717 ARCH ST. 35TH FLOOR 200 PUBLIC SQUARE 31ST FL STREET ADDRESS STREET ADDRESS PHILADELPHIA, PA 19103 CLEVELAND, OH 44114 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE K Change Addition ALLEN SALIKOF AGLINŞKY, WILLIAM E NAME NAME 1717 ARCH ST. 35TH FLOOR STREET ADDRESS 200 PUBLIC SQUARE, 31ST FLOOR STREET ADDRESS PHILADELPHIA, PA 19103 CLEVELAND, OH CITY-ST-7IP CITY-ST-ZIP VΡ Delete TITLE D ☐ Change Addition TITLE NAME ~ GOLDMAN, DONALD L NAME ROGER BALLOU ... 1717 ARCH ST 35TH FLOOR STREET ADDRESS 200 PUBLIC SQUARE, 31ST FLOOR STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH CITY-ST-ZIP PHILADELPHIA, PA 19103 Delete TITLE Change Addition SANTOMAS, ANN NAME NAME STREET ADDRESS 200 PUBLIC SQUARE, 31ST FLOOR STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 44114 CITY-ST-ZIP Delete ☐ Change Addition TITLE NAGLE, ARLINGTON JR NAME NAME 1717 ARCH ST., 35TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19103 CITY - ST- 7IP · · ☐ Delete TITLE ☐ Addition TITLE The FAS NAME : \*\*\* NAME 1.1. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP . 12. I hereby certify that the information supplied with this filling 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 supplymental hyport 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 appropriate trustee empowered.

FILED

4/19/04

215-636-1243

Daytime Phone #

PHIL CALAMIA