


FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90070 038 ***150.00

1. Entity Name
RISCO DEVELOPMENT, INC.

| Principal Place of Business | Mailing Address |
|---|--|
| 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH 44122 | 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH 44122-5627 |

| | | | | | |
|---|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | |  DO NOT WRITE IN THIS SPACE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 34-1761152 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
|--|--|----------------|
| RISMAN, WILLIAM B ESQ 111 73RD AVENUE ST PETERSBURG FL 33702 | 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 _____

| | | |
|---|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD RISMAN, WILLIAM B 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | C/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCOD RISMAN, ROBERT R 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS RISMAN, ROBERT G 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH 44122 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  4/13/00 216-464-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William B. Risman Date Daytime Phone #