

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001574

1. Entity Name  
**SCHNELLER, INC.**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90500 006 \*\*\*150.00

Principal Place of Business

6019 POWERMILL ROAD  
KENT OH 44240

Mailing Address

6019 POWERMILL ROAD  
KENT OH 44240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1407120**

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

**PFEIFFER, TOM**  
**6200 49TH STREET, NORTH**  
**PINELLAS PARK FL 34665**

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.

(NOT

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!**  
**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 **CT** ☒ Delete  
NAME **BRUBAKER, JERRY L.**  
STREET ADDRESS **3470 PARFOURE BLVD.**  
CITY-ST-ZIP **UNIONTOWN OH**

TITLE **P** ☐ Change ☒ Addition  
NAME **ORGAN, RICHARD C**  
STREET ADDRESS **154 E. STREETSBOURD ST.**  
CITY-ST-ZIP **Hudson, OHIO 44236**

TITLE **V** ☒ Delete  
NAME **PANALLO, DAVID L.**  
STREET ADDRESS **1939 HEMLOCK DRIVE**  
CITY-ST-ZIP **KENT OH**

TITLE **CT** ☒ Change ☐ Addition  
NAME **BRUBAKER, JERRY L.**  
STREET ADDRESS **1710 CAUGHLIN CREEK**  
CITY-ST-ZIP **RENO, NEVADA 89509**

TITLE **DS** ☐ Delete  
NAME **ZUMKEHR, CHARLES E**  
STREET ADDRESS **1323 LAKE ROGER DR.**  
CITY-ST-ZIP **KENT OH 44240**

TITLE **D** ☐ Change ☒ Addition  
NAME **CARLOS, DONALD R.**  
STREET ADDRESS **18008 SAN CARLOS BLV NO. 24**  
CITY-ST-ZIP **FT. MEYERS BEACH, FL 33931**

TITLE **V** ☐ Delete  
NAME **SCHIRRA, JOHN P**  
STREET ADDRESS **276 HILLBROOK DR**  
CITY-ST-ZIP **CUYAHOGA FALLS OH 44223**

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

TITLE **DV** ☐ Delete  
NAME **FRYE, JEFFREY R.**  
STREET ADDRESS **3459 MADISON AVE**  
CITY-ST-ZIP **STOW OH 44224**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)