

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90032 007 ***150.00

DOCUMENT # F94000001574

1. Entity Name

SCHNELLER, INC.

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.

(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, 2002 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 **1710 CAVGLIN CREEK**
 CITY-ST-ZIP **RENO NV 89509**

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

TITLE **P** ☐ Delete
 NAME **ORGAN, RICHARD C**
 STREET ADDRESS **154 E. STREETSBO RO ST**
 CITY-ST-ZIP **HUDSON OH 44236**

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

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

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

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 **D** ☐ Delete
 NAME **CAROIS, DONALD R**
 STREET ADDRESS **18008 SAN CARLOS BLVD., NO. 24**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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:

Michael P. Schirra
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 4-24-02
 Date Daytime Phone #

CR2E034 (9/01)