

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000001962

1. Entity Name  
ZAREMBA RED ROAD COMPANY



Principal Place of Business  
14600 DETROIT AVE.  
SUITE 1500  
LAKEWOOD, OH 44107

Mailing Address  
14600 DETROIT AVE.  
SUITE 1500  
LAKEWOOD, OH 44107



04202005 No Chg-P OR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1764194

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ZAREMBA, WALTER  
STREET ADDRESS 14600 DETROIT AVE.  
CITY-ST-ZIP LAKEWOOD, OH 44107

TITLE VT  
NAME URBANCIC, JOSEPH J  
STREET ADDRESS 14600 DETROIT AVE.  
CITY-ST-ZIP LAKEWOOD, OH 44107

TITLE V  
NAME STEADLEY, ROBERT F  
STREET ADDRESS 14600 DETROIT AVE.  
CITY-ST-ZIP LAKEWOOD, OH 44107

TITLE S  
NAME VONBENKEN, BARBARA  
STREET ADDRESS 14600 DETROIT AVE.  
CITY-ST-ZIP LAKEWOOD, OH 44107

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000341012  
04/29/05-80140-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if 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

4-27-05

Date

216/221-6600

Daytime Phone

Barbara VonBenken  
Secretary