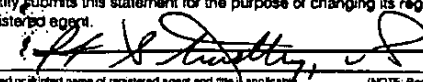
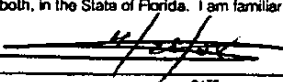


FILED
Jun 17, 2008 8:00 am
Secretary of State

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DOCUMENT # F94000001962		05-19-2008 90041 013 ***150.00	
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	
DO NOT WRITE IN THIS SPACE		66014308 	
		04182008 No Chg-P CR2E034 (11/05)	
		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  DATE  NO			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD ZAREMBA, WALTER 14600 DETROIT AVE. LAKEWOOD, OH 44107	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VT URBANCIC, JOSEPH J 14600 DETROIT AVE. LAKEWOOD, OH 44107	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V STEADLEY, ROBERT F 14600 DETROIT AVE. LAKEWOOD, OH 44107	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S VONBENKEN, BARBARA 14600 DETROIT AVE. LAKEWOOD, OH 44107	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/12/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			