2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 17, 2008 8:00 am
Secretary of State
05-19-2008 90041 013 ***150.00

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1. Entity Name
ZAREMBA RED ROAD COMPANY

66014308

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

04182008 No Chg-P CR2E034 (11/05)

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

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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 _____ 4/12/08
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, 2008 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	

DO NOT WRITE IN THIS SPACE

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 #