

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000001962

FILED
Mar 10, 2003
Secretary of State

Entity Name: ZAREMBA RED ROAD COMPANY

Current Principal Place of Business:

14600 DETROIT AVE.
SUITE 1500
LAKEWOOD, OH 44107

New Principal Place of Business:

Current Mailing Address:

14600 DETROIT AVE.
SUITE 1500
LAKEWOOD, OH 44107

New Mailing Address:

FEI Number: 34-1764194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAREMBA, WALTER
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

Title: VT () Delete
Name: URBANCIC, JOSEPH J
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

Title: V () Delete
Name: STEADLEY, ROBERT F
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

Title: AS () Delete
Name: VONBENKEN, BARBARA
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA VONBENKEN

AVP

03/10/2003

Electronic Signature of Signing Officer or Director

Date