

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91193 001 \*\*\*158.75

**DOCUMENT #** *F94000002506 ✓*  
**1. Entity Name**  
Equity Planning Securities Corp.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3355 Richmond Road Suite, Apt. #, etc. Suite 231 City & State Beachwood, OH Zip 44122		<b>3. Mailing Address</b> 3355 Richmond Road Suite, Apt. #, etc. Suite 231 City & State Beachwood, OH Zip 44122	
Country Cuyahoga		Country Cuyahoga	

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 34-1091160	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
Name  
C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road  
City  
Plantation FL Zip Code  
33324

**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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$350.00**  
**Amended UBR is \$51.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PTD Weingart, Ned S. 17480 Shelburne Road Cleveland Hts., OH 44118
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S Krantz, Byron S. One Cleveland Ctr., 1375 E. 9th St Cleveland, OH
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ned S. Weingart* **Ned S. Weingart** **5/1/02** **216-595-0780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)