

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90331 025 ***150.00

DOCUMENT # F94000005155

1. Entity Name
FCA OF OHIO, INC.



Principal Place of Business Mailing Address
5555 DARROW ROAD **5555 DARROW ROAD**
HUDSON, OH 44236 **HUDSON, OH 44236**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

400000



04062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
34-1780524 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSKAMM, ALAN		NAME		
STREET ADDRESS	7185 SETTLERS RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	GATES MILLS, OH		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, JAMES C		NAME		
STREET ADDRESS	5555 DARROW RD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, OH 44236		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMOFF, DONALD		NAME		
STREET ADDRESS	10283 VERSAILLES DR		STREET ADDRESS		
CITY-ST-ZIP	STRONGVILLE, OH 44136		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMBERG, DAVID		NAME		
STREET ADDRESS	5555 DARROW RD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, OH 44236		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, JAMES		NAME		
STREET ADDRESS	14606 SHIREEN DR.		STREET ADDRESS		
CITY-ST-ZIP	STRONGVILLE, OH 44136		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, JEFFREY		NAME		
STREET ADDRESS	5555 DARROW RD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, OH 44236		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: Edward A. Weinstein **EDWARD A. WEINSTEIN** 04/16/07 (330)656-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

