

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005284

1. Entity Name
MAXUS LEASING GROUP, INC.



Principal Place of Business
31300 BAINBRIDGE RD.
CLEVELAND, OH 44139 US

Mailing Address
31300 BAINBRIDGE RD.
CLEVELAND, OH 44139 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1728771

Applied For
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

**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

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, 2004 Fee will be \$550.00**

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
PTS
DI LILLO CHRISTOPHER
31300 BAINBRIDGE RD.
CLEVELAND, OH 44139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BARONE, RICHARD
1301 E. NINTH STREET
CLEVELAND, OH 44114

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
PAVLISKO, SUSAN M
8530 BRDLEHURST TR
KIRTLAND, OH 44094

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #