


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000005284</b>		
1. Entity Name MAXUS LEASING GROUP, INC.		
Principal Place of Business	Mailing Address	
31300 BAINBRIDGE RD. CLEVELAND, OH 44139 US	31300 BAINBRIDGE RD. CLEVELAND, OH 44139 US	



01282005 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 <input type="checkbox"/>	\$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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000218303  
02/07/05-80059-017 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	DI LILLO CHRISTOPHER
STREET ADDRESS	31300 BAINBRIDGE RD.
CITY-ST-ZIP	CLEVELAND, OH 44139
TITLE	D
NAME	BARONE, RICHARD
STREET ADDRESS	1301 E. NINTH STREET
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	DC
NAME	PAVLISKO, SUSAN M
STREET ADDRESS	8530 BRDLEHURST TR
CITY-ST-ZIP	KIRTLAND, OH 44094
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)(f), 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 #

Susan M Paulisko 1/27/05 460 519-2400