## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400005326  1. Entity Name THE BOYKIN GROUP, INC.							FILED 01 APR 30 PH 1:00					
Principal Place of Business  SW. PROSPECT AVE GUILDHALL BLD 1500			Mailing Address 45 W. PROSPECT AVE GUILDHALL BLD 1500					)   APR 30 SECRETAR ALL'AHAS				
CLEVELAND OF			CLEVELAND OH 44115				1.7 1111:101:101:1				12 <b>0 1</b> 001 1 <b>01</b> 0	
2. Principal Place of Business			3. Mailing Address				- 1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number	34-177912	1	<del> </del>	oplied For ot Applicable	
Zip		Country	Zip	Cour	ntry	5.	Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current Re	egistered Agent		Name	7.	Name and A	dress of New	Registered	Agent	<del> </del>	$\frac{1}{2}$
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324						dress (P.O. I	Box Number i	s Not Acceptab	le)			
FLAN	NIATION FL	33324			City				FI	Zip Cod	e	
9. This corporate filing	Signature, typed oration is eligi requirement a	or printed name of registered agent and tible to satisfy its Intangible and elects to do so.	FILE NOW!	Registere	ed Agent signature IS \$150.00 will be \$55	required when r	reinstating)	-05/	11/01- 1852.5 DATE	\$5.0	L — — 3 001 150.00 • May Be	1
`	eria on back)	U	Make Check Payat	1	· f1		DITIONS (CI	(ANCES TO OF	EIOEDO AN	D DIBECTOR	P.INL 1.1	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	OFFICERS AND DI ROBERT W DSPECT AVE 1500 GUILD ID OH 44115	☐ Delete		E	AL	DDITIONS/CF	IANGES TO OF	FICEHS AN	Change	Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEITLAND, 16846 BAF	, raymond P Robury ave RG hts oh 44130	☐ Delete			1					\□ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Delete O'NEIL, PAUL A 45 W. PROSPECT AVE 1500 GUILDHALL BLD CLEVELAND OH 44115									☐ Change	Addition	
name Street address City-St-Zip			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
indicated of the cor	l on this report rporation or th	information supplied with the tor supplemental report is true e receiver of trustee empowe chment with an address, with	ue and accurate and that ma ered to execute this report	signa	ture shall hav	e the same	legal effect as	s if made under	oath; that I	am an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (R DIRECTOR

04/18/01 Date