

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

080527 AT

DOCUMENT # F94000005326

1. Entity Name
THE BOYKIN GROUP, INC.

04-08-2002 90223 003 ***150.00

Principal Place of Business Mailing Address
45 W. PROSPECT AVE 45 W. PROSPECT AVE
GUILDHALL BLD 1500 GUILDHALL BLD 1500
CLEVELAND OH 44115 CLEVELAND OH 44115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

4. FEI Number **34-1779121** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		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.

SIGNATURE _____ (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) **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKIN, ROBERT W	NAME	
STREET ADDRESS	45 W. PROSPECT AVE 1500 GUILDHALL BLD	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44115	CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEITLAND, RAYMOND P	NAME	Richard C. Conti
STREET ADDRESS	16846 BARDBURY AVE	STREET ADDRESS	45 W. Prospect Ave., 1500 Guildhall Bldg.
CITY-ST-ZIP	MIDDLEBURG HTS OH 44130	CITY-ST-ZIP	Cleveland, Ohio 44115
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEIL, PAUL A	NAME	Shereen P. Jones
STREET ADDRESS	45 W. PROSPECT AVE 1500 GUILDHALL BLD	STREET ADDRESS	45 W. Prospect Ave., #1500 Guildhall Bldg.
CITY-ST-ZIP	CLEVELAND OH 44115	CITY-ST-ZIP	Cleveland, Ohio 44115
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard C. Conti **Richard C. Conti** 04/01/02 (216) 430-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)