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FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001259 (9)

1. Corporation Name

HOMEPLACE STORES, INC.

Principal Place of Business

7887 HUB PARKWAY  
FINANCE DEPT  
VALLEY VIEW OH 44125  
US

Mailing Address

7887 HUB PARKWAY  
FINANCE DEPT  
VALLEY VIEW OH 44125-5710  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

34-1776170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HURWITZ, ROBERT  
STREET ADDRESS  
19 PEPPERCREEK DR.  
CITY- ST- ZIP  
PEPPER PIKE OH 44124

TITLE ☐ DELETE

NAME  
MONRO, JAMES A JR  
STREET ADDRESS  
32655 WINTERGREEN DR.  
CITY- ST- ZIP  
OLON OH 44139

TITLE ☒ DELETE

NAME  
GHELZI, CHARLENE M.  
STREET ADDRESS  
7887 HUB PARKWAY  
CITY- ST- ZIP  
VALLEY VIEW OH

TITLE ☐ DELETE

NAME  
KLUG, STEVE  
STREET ADDRESS  
7887 HUB PKWY  
CITY- ST- ZIP  
VALLEY VIEW OH

TITLE ☐ DELETE

NAME  
DEGEORGE, GARY  
STREET ADDRESS  
7700 E. WASHINGTON  
CITY- ST- ZIP  
CHAGRIN FALLS OH 44023

TITLE ☐ DELETE

NAME  
GRAZIOSI, ANTHONY P  
STREET ADDRESS  
7887 HUB PKWY  
CITY- ST- ZIP  
VALLEY VIEW OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
CAO - Exec. V.P.  
THOMAS MURASKY  
5745 N LIVERNOIS RD  
ROCHESTER, MI 48306

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
VP- controller  
STEVEN SZYMANSKI  
1961 W. RIDGE  
ROCHESTER, HILLS MI 48306

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 (216) 328-9500

Date

Daytime Phone

EXT. 241

CR2E034 (9/96)