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FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE PD
NAME MONRO, JAMES A JR
STREET ADDRESS 32655 WINTERGREEN DR.
CITY-ST-ZIP SOLON OH 44139 ☒ DELETE

TITLE CAOV
NAME MURASKY, THOMAS
STREET ADDRESS 5745 N LIVERNOIS RD
CITY-ST-ZIP ROCHESTER MI ☒ DELETE

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

TITLE VP
NAME DEGEORGE, GARY
STREET ADDRESS 7700 E. WASHINGTON
CITY-ST-ZIP CHAGRIN FALLS OH ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Pollock, Larry
1.3 STREET ADDRESS 18100'S PARK AVE.
1.4 CITY-ST-ZIP Shaker Heights, OH 44120 ☐ Change ☒ Addition

2.1 TITLE CFO
2.2 NAME Rockle, Patrick
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

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 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 Thomas Horvath 2-26-98 (216) 328-9888 ext. 341

CR2E034 (10/97)