2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001854

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90474 014 ***150.00

RALPH C	TYLER, P.E., P.S., INC.								
Principal Place	of Business	Mailing Address							
1120 CHESTE	ER AVE	1120 CHESTER AVE					500	1748	2
STE 200 CLEVELAND,	OH 44114	STE 200 CLEVELAND, OH 4411	4		İ	I I etiido in o it iita biin beka b			21221 It (22t
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04182006 Chg-P	CR2E0)34 (11/05)	
City & State		City & State				4. FEI Number 34-1558292		N	oplied For ot Applicable
Zip 	Country	Zip 	Coun	try		5. Certificate of Status Des		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		Name	_	7. Name and Address of I	New Registered	Agent	
RAYSON, JOHN C 2400 EAST OAKLAND PARK BLVD WEST PALM BEACH, FL 33306				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Cod	le
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	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registeri	ed office or reg	gistere	ed agent, or both, in the State	e of Florida. I am	tamiliar with	and accept
SIGNATURE_	Signature, typed or printed name of registered egen	t and title if applicable. (NOT	E: Registere	d Agent signature re	equired :	when reinstating)	DATE	 _	
				,					
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont	_	~ —		00 May Be od to Fees			
10.	OFFICERS AND		11.		_ 7117	ADDITIONS/CHANGES T	O OFFICERS AN		
TITLE NAME	PCOO TYLER, RALPHS	☐ Delete	TITL:	٠ .		r, Ralph S.		Change	☐ Addition
STREET ADDRESS	1120 CHESTER AVE., STE 200					Chester Avenu	e. Suité	200	
CITY-ST-ZIP	CLEVELAND, OH 44114		CITY			eland, OH 441			
TITLE	S	XXX Defete	TΠL			Dishara		☐ Change	XX Addition
NAME	TYLER, MABLE S		NAM	· · ·		n Richman		450	
STREET ADDRESS City-St-ZIP	1120 CHESTER AVE., STE 200 CLEVELAND, OH 44114					Chester Avenueland		450	
TITLE	SV	XIX Delete	tπι		ᡟᢪ	<u>elanu, ya 441</u>	. 14	Change	XX Addition
NAME	PARAMANANDAM, KALY	V-W pergre	NAM	_	•	ond L. Knight,	.1r		
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STREET ADDRESS	1120 CHESTER AVE., STE 200	•	STRI	EET ADDRESS] 1		Chester Avenu		200	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		STRI	EET ADDRESS 1	120		ue, Suite		
CITY-ST-ZIP TITLE	1120 CHESTER AVE., STE 200	☐ Delete	STRI CITY TITL	EET ADDRESS 1 (-ST-ZIP C	120	Chester Avenu	ue, Suite	200 Change	Addition
CITY-ST-ZIP TITLE NAME	1120 CHESTER AVE., STE 200		STRI CITY TITL NAM	EET ADDRESS 1 (-ST-ZIP C	120	Chester Avenu	ue, Suite		☐ Addition
CITY-ST-ZIP TITLE	1120 CHESTER AVE., STE 200		STRI CITY TITL NAM STRI	EET ADDRESS 1 (-ST-ZIP C	120	Chester Avenu	ue, Suite		☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1120 CHESTER AVE., STE 200		STRI CITY TITL NAM STRI	EET ADDRESS 1 C-ST-ZIP C E AE EET ADDRESS Y-ST-ZIP	120	Chester Avenu	ue, Suite		☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1120 CHESTER AVE., STE 200	□ Delete	STRI CITY TITL NAW STRI CITY TITL NAM	EET ADDRESS 1 C-ST-ZIP C E AE EET ADDRESS (-ST-ZIP E AE	120	Chester Avenu	ue, Suite	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1120 CHESTER AVE., STE 200	□ Delete	STRI CITY TOTAL NAM STRI CITY TITAL NAM STRI	EET ADDRESS (-ST-ZIP C E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS	120	Chester Avenu	ue, Suite	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1120 CHESTER AVE., STE 200	□ Delete	STRICTLY TOTAL NAM STRICTLY TOTAL ANA STRICTLY ANA STRICTLY COTY	EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP	120	Chester Avenu	ue, Suite	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1120 CHESTER AVE., STE 200	□ Delete	STRI CITY TOTAL NAM STRI CITY TITAL NAM STRI	EET ADDRESS (-ST-ZIP C E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP L E ET ADDRESS (-ST-ZIP L	120	Chester Avenu	ue, Suite	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1120 CHESTER AVE., STE 200	□ Delete	STRICTIVE NAM ST	EET ADDRESS (-ST-ZIP C E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP L E ET ADDRESS (-ST-ZIP L	120	Chester Avenu	ue, Suite	☐ Change	☐ Addition

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SKANATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Sprif 25 2006 (216) 623-0708