## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 14, 2002 8:00 am Secretary of State DOCUMENT # F96000003984 1. Entity Name 05-14-2002 90076 001 \*\*\*750.00 PURCHASING CONCEPTS, INC. Principal Place of Business Mailing Address 45 W PROSPECT AVE 45 W PROSPECT AVE GUILDHALL BLDG #1505 GUILDHALL BLDG #1505 **CLEVELAND OH 44115 CLEVELAND OH 44115** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 34-1408324 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 21200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE X Delete TITLE ☐ Change NAME NAME Karim Sachedina HEITLAND, RAYMOND P STREET ADDRESS STREET ADDRESS 45 W. Prospect Ave., #1500 Guildhall Bldg 45 W PROSPECT AVE #1500 CITY-ST-7IP CITY-ST-7IP Cleveland, OH 44115 CLEVELAND OH 44115 TITLE X Delete TITLE ☐ Change X Addition NAME Robert Dann NAME O NEILL, PAUL A STREET ADDRESS STREET ADDRESS 45 W. Prospect Ave., #1500 Guildhall Bldg 45 W PROSPECT AVE #1500 CITY-ST-ZIF CITY-ST-ZIP Cleveland, Ohio 44114 CLEVELAND OH 44115 TITLE ☐ Defete TITLE ☐ Change Addition PD NAME BOYKIN, JOHN E STREET ADDRESS STREET ADDRESS 45 W PROSPECT AVE #1500 CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44115 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BOYKIN, ROBERT W STREET ADDRESS STREET ADDRESS 45 W PROSPECT AVE #1500 CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44115 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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)(i), 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 officer like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John E. Boykin