2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # F9600005991 MEM REAL ESTATE MANAGEMENT, INC. 03-05-2001 90323 033 ***150.00 Principal Place of Business Mailing Address 31515 ROBERTA DRIVE 31515 ROBERTA DRIVE BAY VILLAGE OH 44140 **BAY VILLAGE OH 44140** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 34-1843100 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 CARRAZZONE, PAUL F Street Address (P.O. Box Number is Not Acceptable) **5207 BAYSHORE BOULEVARD TAMPA FL 33611** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE CARRAZZONE, PAUL F NAME NAME STREET ADDRESS 31515 ROBERTA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY VILLAGE OH 44140** Delete TITLE **Change** ☐ Addition TITLE SINGERMAN, PAUL J NAME NAME STREET ADDRESS 1350 EATON CENTER, 1111 SUPERIOR AVENUE STREET ADDRESS 30000 Chagrin Blvd. CITY-ST-7IP CITY-ST-ZIP CLEVELAND OH 44114 Pepper Pike, OH 44124 Addition Change TITLE TITLE _ -__ Delete OHARA, KELLY H NAME NAME STREET ADDRESS STREET ADDRESS 31515 ROBERTA DRIVE CITY-ST-ZIP CITY-ST-ZIP BAY VILLAGE OH ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

Signer 2/27/01 440-835-9149

changed, or on an attachment with an address, with all other like empowered.

FILED