

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91440 032 ***150.00

DOCUMENT # F97000004766 1. Entity Name CG SERVICE - ORLANDO, INC				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 28800 CLEMENS ROAD Suite, Apt. #, etc.		3. Mailing Address 28800 CLEMENS ROAD Suite, Apt. #, etc.			
City & State WESTLAKE, OHIO		City & State WESTLAKE, OHIO		4. FEI Number 31-1423736	
Zip 44145		Country CUYAHOGA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION	
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. I am familiar with, and accept the obligations of registered agent.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PD	TITLE			
NAME	KENNETH J SEMELSBERGER	NAME			
STREET ADDRESS	28800 CLEMENS ROAD	STREET ADDRESS			
CITY - ST - ZIP	WESTLAKE, OHIO 44145	CITY - ST - ZIP			
TITLE	VTD	TITLE			
NAME	WILLIAM WT STEPHANS	NAME			
STREET ADDRESS	28800 CLEMENS ROAD	STREET ADDRESS			
CITY - ST - ZIP	WESTLAKE, OHIO 44145	CITY - ST - ZIP			
TITLE	VSD	TITLE			
NAME	PATRICIA M SCANLON	NAME	DO NOT WRITE IN THIS SPACE		
STREET ADDRESS	28800 CLEMENS ROAD	STREET ADDRESS			
CITY - ST - ZIP	WESTLAKE, OHIO 44145	CITY - ST - ZIP			
TITLE	AS	TITLE			
NAME	JUDY A FOX	NAME			
STREET ADDRESS	28800 CLEMENS ROAD	STREET ADDRESS			
CITY - ST - ZIP	WESTLAKE, OHIO 44145	CITY - ST - ZIP			
TITLE	AT	TITLE			
NAME	JOHN W GRETТА	NAME			
STREET ADDRESS	28800 CLEMENS ROAD	STREET ADDRESS			
CITY - ST - ZIP	WESTLAKE, OHIO 44145	CITY - ST - ZIP			
TITLE	V	TITLE			
NAME	GLEN BOWLER	NAME			
STREET ADDRESS	100 PRODUCTION DRIVE	STREET ADDRESS			
CITY - ST - ZIP	HARRISON, OHIO 45030	CITY - ST - ZIP			
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: JOHN W GRETТА 4/29/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 440-892-3000					

CR2E034B (12/02)