

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90123 045 ***150.00

DOCUMENT # F97000006536

1. Entity Name

THE EUCLID CHEMICAL COMPANY



Principal Place of Business

**19218 REDWOOD RD.
CLEVELAND OH 44110**

Mailing Address

**19218 REDWOOD RD.
CLEVELAND OH 44110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-0973756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **KARMAN, JAMES A**
STREET ADDRESS **2628 PEARL RD**
CITY-ST-ZIP **MEDINA OH 44256**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RICE, RONALD A.**
STREET ADDRESS **2628 PEARL ROAD**
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **P** ☐ Delete
NAME **KORACH, KENNETH W**
STREET ADDRESS **19218 REDWOOD RD.**
CITY-ST-ZIP **CLEVELAND OH 44110**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KORACH, JEFFREY L.**
STREET ADDRESS **3735 GREEN ROAD**
CITY-ST-ZIP **BEACHWOOD, OH 44122**

TITLE **D** ☐ Delete
NAME **SULLIVAN, FRANK C**
STREET ADDRESS **2628 PEARL ROAD**
CITY-ST-ZIP **MEDINA OH 44256**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DRUMM, MICHAEL**
STREET ADDRESS **3735 GREEN ROAD**
CITY-ST-ZIP **BEACHWOOD OH 44122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **TOMPKINS, P. KELLY**
STREET ADDRESS **2628 PEARL RD.**
CITY-ST-ZIP **MEDINA OH 44256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **EVP** ☐ Delete
NAME **SCOTT, MOORMAN L**
STREET ADDRESS **19218 REDWOOD RD**
CITY-ST-ZIP **CLEVELAND OH 44110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Michael Drumm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Drumm

1/13/03

Date

216/292-5000

Daytime Phone #

CR2E034 (10/02)