

DOCUMENT # F98000000177

1. Entity Name

BridgeStreet Arizona, Inc.



FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90149 042 ***150.00

Principal Place of Business

Mailing Address

2242 Pinnacle Parkway
Twinsburg, Ohio 44087

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

34-1850513

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

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10. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	John E. Danneberg	2242 Pinnacle Parkway	Twinsburg, Ohio 44087
Treasurer and Secretary	Mark D. Gagne	2242 Pinnacle Parkway	Twinsburg, Ohio 44087
Assistant Secretary	Constantine Alexander	Duker, McClellan + Fish, One Int'l Place	Boston, MA 02110
Director	John E. Danneberg	2242 Pinnacle Parkway	Twinsburg, Ohio 44087

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Assistant Secretary			
Treasurer and Assistant Secretary	Robert A. Basak	2242 Pinnacle Parkway	Twinsburg, Ohio 44087
Secretary			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Robert A. Basak, Treasurer 4/27/00 (330) 405-6060

Date

Daytime Phone #

CR2 E004 (0199)