

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001217

Entity Name: SYMAX AVIATION, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

PALM BEACH INTERNATIONAL AIRPORT
1512 PERIMETER RD #117
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

32333 AURORA ROAD
SUITE 300
SOLON, OH 44139

New Mailing Address:

FEI Number: 52-2077210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MILLER, SYDELL L
Address: 1415 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: HALPERN, STACIE L
Address: 30 FALLS CREEK CIRCLE
City-St-Zip: MORELAND HILLS, OH 44022

Title: VD () Delete
Name: SPILMAN, LAUREN B
Address: 120 ASPENWOOD
City-St-Zip: MORELAND HILLS, OH 44022

Title: AS () Delete
Name: SHAW, HEWITT B JR
Address: 1900 EAST 9TH STREET, STE 3200
City-St-Zip: CLEVELAND, OH 44114

Title: T () Delete
Name: ARMBRUSTER, RICHARD D
Address: 32333 AURORA ROAD, #300
City-St-Zip: SOLON, OH 44139

Title: V/AS () Delete
Name: STEINBOCK, MARK A
Address: 32333 AURORA ROAD, #300
City-St-Zip: SOLON, OH 44139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HALPERN, STACIE L
Address: 40 RIDGECREEK TRAIL
City-St-Zip: MORELAND HILLS, OH 44022

Title: VD (X) Change () Addition
Name: SPILMAN, LAUREN B
Address: 120 ASPENWOOD DRIVE
City-St-Zip: MORELAND HILLS, OH 44022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D ARMBRUSTER

T

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date