

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90005 004 ***550.00

DOCUMENT # F98000002741

1. Entity Name
VICKERS, INCORPORATED (OF DELAWARE)

Principal Place of Business

**3000 STRAYER
MAUMEE OH 43537**

Mailing Address

**3000 STRAYER
MAUMEE OH 43537**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1111 Superior Avenue

Suite, Apt. #, etc.

Attn: Tax Department

City & State

Cleveland, OH

Zip

44114

Country

US

4. FEI Number

13-6122438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, DARRYL F	
STREET ADDRESS	3000 STRAYER	
CITY-ST-ZIP	MAUMEE OH 43537	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JOHN H	
STREET ADDRESS	3000 STRAYER	
CITY-ST-ZIP	MAUMEE OH 43537	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	OATHOUT, JAMES M	
STREET ADDRESS	3000 STRAYER	
CITY-ST-ZIP	MAUMEE OH 43537	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLINE, JAMES E	
STREET ADDRESS	3000 STRAYER	
CITY-ST-ZIP	MAUMEE OH 43537	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARTOL, JON D	
STREET ADDRESS	3000 STRAYER	
CITY-ST-ZIP	MAUMEE OH 43537	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEININGER, LAWRENCE R	
STREET ADDRESS	3000 STRAYER	
CITY-ST-ZIP	MAUMEE OH 43537	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cutler, A. M.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dillon, A. T.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franklin, E. R.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, J. S.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parmenter, R. E.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horst, J. R.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin, V.P. & Secretary 7-20-00

216/523-5000

Date

Daytime Phone #

CR2E034 (5/00)