

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90034 048 \*\*\*150.00

50007904



01042005 Chg-P CR2E034 (10/03)

4. FEI Number **94-2353743** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐

## 6. Name and Address of Current Registered Agent

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

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARNOSKY, JENNIFER	
STREET ADDRESS	481 CALIFORNIA AVE	
CITY-ST-ZIP	GRANTS PASS, OR 97526	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITKOFF, JAMES	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCAHON, CHRISTOPHER	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE	AST	<input type="checkbox"/> Delete
NAME	SCHWERTNER, CHARLES	
STREET ADDRESS	6095 PARKLAND BLVD STE 310	
CITY-ST-ZIP	CLEVELAND, OH 44124	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLENDER, PATRICK	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUTT, JENNIFER	
STREET ADDRESS	481 CALIFORNIA AVE	
CITY-ST-ZIP	GRANTS PASS, OR 97526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT / SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES F. O'Reilly	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT S. LUTZ	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20006	

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 all other like empowered.

**SIGNATURE:** **CHARLES A. SCHWERTNER** **1/25/05** **440 995 3011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #