

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000000930

1. Entity Name
BDB AGENT CO.



Principal Place of Business

50 S MAIN ST., 10TH FL
AKRON, OH 44308

Mailing Address

50 S MAIN ST., 10TH FL
AKRON, OH 44308



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2147401

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZOBERMAN, SOLOMON
5355 TOWN CENTER RD., STE. 900
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GEORGE, NICHOLAS T
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR
CITY-ST-ZIP AKRON, OH 44308

TITLE D
NAME ROSENTHAL, BRENT D
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR
CITY-ST-ZIP AKRON, OH 44308

TITLE STD
NAME MALONE, ROBERT W
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR
CITY-ST-ZIP AKRON, OH 44308

TITLE V
NAME MOPSICK, MICHAEL D
STREET ADDRESS 2500 N MILITARY TRAIL STE 489
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000398178
01/30/06-80085-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert W. Malone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT W. MALONE, SECRETARY

1/17/06

Date

330-376-5300

Daytime Phone #