

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003220

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: HATRICK INVESTMENTS, INC.

## Current Principal Place of Business:

30725 AURORA ROAD  
SOLON, OH 44139

## New Principal Place of Business:

31100 SOLON ROAD,SUITE 11  
SOLON, OH 44139

## Current Mailing Address:

30725 AURORA ROAD  
SOLON, OH 44139

## New Mailing Address:

31100 SOLON ROAD,SUITE 11  
SOLON, OH 44139

FEI Number: 34-1897606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE #4  
WESTON, FL 33331 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: DIR ( ) Delete  
Name: KASSIGKEIT, HENRY C  
Address: 31400 GATE MILLS BLVD  
City-St-Zip: PEPPER PIKE, OH 44124

Title: DIR ( ) Delete  
Name: LASALVIA, ROBERT F  
Address: 30725 AURORA ROAD  
City-St-Zip: SOLON, OH 44139

Title: DIR ( ) Delete  
Name: SETLOCK, PATRICIA  
Address: 30725 AURORA ROAD  
City-St-Zip: SOLON, OH 44139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition  
Name: LASALVIA, ROBERT F  
Address: 31100 SOLON ROAD, SUITE 11  
City-St-Zip: SOLON, OH 44139

Title: DIR (X) Change ( ) Addition  
Name: SETLOCK, PATRICIA  
Address: 31100 SOLON ROAD  
City-St-Zip: SOLON, OH 44139

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: ROBERT F LASALVIA

DIR

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date