

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90004 029 ***150.00

DOCUMENT # F99000004870

1. Entity Name:

HSC II, INC.

Principal Place of Business

**23700 CHAGRIN BLVD.
 CLEVELAND OH 44122-5554**

Mailing Address

**23700 CHAGRIN BLVD.
 CLEVELAND OH 44122-5554**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1886563

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

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!
After MAY 1, 2001 Fee IS \$150.00
Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	SALVATORE, JOHN C	
STREET ADDRESS	10245 CENTURION PARKWAY, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BOMBEI, GARY V	
STREET ADDRESS	23700 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND OH 44122-5554	
TITLE	VS	<input type="checkbox"/> Delete
NAME	VINOCUR, PETER A	
STREET ADDRESS	23700 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND OH 44122-5554	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCLENDON, MARK A	
STREET ADDRESS	889 VALLEY PARK DRIVE	
CITY-ST-ZIP	SHAKOPEE MN 55379	
TITLE	C	<input type="checkbox"/> Delete
NAME	RUTZ, REINHARD	
STREET ADDRESS	23700 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINOCUA, PETER A	
STREET ADDRESS	23700 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH 44122	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Kehr

Attorney-in-Fact

216-831-5500

5/21/01

CR2E034 (10/00)

