

# 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

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 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 ☐ Delete  
NAME SALVATORE, JOHN C  
STREET ADDRESS 10245 CENTURION PARKWAY, N.  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME BOMBEI, GARY V  
STREET ADDRESS 23700 CHAGRIN BLVD.  
CITY-ST-ZIP CLEVELAND OH 44122-5554

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME VINOCUR, PETER A  
STREET ADDRESS 23700 CHAGRIN BLVD.  
CITY-ST-ZIP CLEVELAND OH 44122-5554

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME MCLENDON, MARK A  
STREET ADDRESS 889 VALLEY PARK DRIVE  
CITY-ST-ZIP SHAKOPEE MN 55379

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME RUTZ, REINHARD  
STREET ADDRESS 23700 CHAGRIN BLVD.  
CITY-ST-ZIP CLEVELAND OH 44122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME VINOCUA, PETER A  
STREET ADDRESS 23700 CHAGRIN BLVD  
CITY-ST-ZIP CLEVELAND OH 44122

TITLE ☐ Change ☐ 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 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 - DIRECTOR

Don Kehr

Attorney-in-Fact

216-831-5500

5/21/01 Phone #

CR2E034 (10/00)

Attachment Doc # F99000004870

LIMITED POWER OF ATTORNEY

C 6070655

The undersigned, SKW-MBT Management, Inc., a Delaware corporation, whose principle place of business is at 23700 Chagrin Blvd., Cleveland, OH 44122, hereby appoints Donald Kehr, its lawful attorney-in-fact to act for and in its name and any of its wholly owned subsidiaries to do all things necessary or required in connection with local, state, federal and foreign income, wage, real and personal property tax matters. Said attorney-in-fact shall have full authority to make, acknowledge and deliver for the undersigned and any of its wholly owned subsidiaries and in its name and any of its wholly owned subsidiaries all applications, forms, documents and other instruments which are necessary or appropriate with respect to such tax matters, with the same effect as though the undersigned or any of its wholly owned subsidiaries were personally present and acting for itself or themselves, as the case may be, hereby ratifying and confirming all that the undersigned said attorney may do pursuant to this power.

This Limited Power of Attorney may be terminated either by the undersigned or said attorney at any time and for any reason upon (5) days within notice to the other.

IN WITNESS WHEREOF, I have hereunto set my hand this 17<sup>th</sup> day of April, 2000, although effective as of the 1<sup>st</sup> day of January, 2000.

Witnesseth:

Aimee M. Fowler  
Brighton Keil

SKW-MBT Management, Inc.

By:

Peter A. Vinocur

Name: Peter A. Vinocur

Title: Vice President, Secretary  
and Chief Legal Officer

STATE OF OHIO )

SS:

COUNTY OF CUYAHOGA )

On this 17 day of April, 2000, before me, a Notary Public in and for said county, personally came Peter A. Vinocur and acknowledged the signing of the foregoing instrument to be his voluntary act and deed.

WITNESS my hand and seal on this 17 day of April, 2000.

Delphine V. Abbott  
My Commission Expires  
January 20, 2004

Delphine V. Abbott  
Notary Public