2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # F99000005746 04-28-2006 90157 008 ***150.00 1. Entity Name AERC WINDSOR PINES, INC. Principal Place of Business Mailing Address դկկսսս - <u>-</u> -**5025 SWETLAND COURT** 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143 LEGAL DEPT. RICHMOND HEIGHTS, OH 44143 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 04212006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 34-1907400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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) **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete TITLE D ☐ Change X Addition TITLE FRIEDMAN, JEFFREY I Gary A. Zdolshek NAME 5025 SWETLAND COURT STREET ADDRESS 200 Public Square, 40th Floor STREET ADDRESS RICHMOND HEIGHTS, OH 44143 CITY-ST-ZIP CITY-ST-ZIP Cleveland, OH 44114 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME FISHMAN, MARTIN A NAME STREET ADDRESS STREET ADDRESS 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FATICA, LOU NAME NAME STREET ADDRESS 5025 SWETLAND COURT STREET ADDRESS RICHMOND HEIGHTS, OH 44143 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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