2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #F99000006482

1. Entity Name



FILED Apr 29, 2008 8:00 am Secretary of State

TEAM JO-ANN, INC.					04-29-2008 90	0087 003 ****150.0	JO	
Principal Place of Business 5555 DARROW ROAD HUDSON, OH 44236		Mailing Address 5555 DARROW ROAD HUDSON, OH 44236			110 (BIIN 1811) BBIT NOTI BBIT	TENA BENE BUNI BUESI ISUB U		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Num. 34-19	Der D6285	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	\$8.75 Add Fee Require		
• •	6. Name and Address of Current F	Registered Agent		7. Name an	d Address of New Re	egistered Agent		
				Name				
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		ss (P.O. Box Num	(P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	ie	
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								
		- 	•		1			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to								
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	VPD	☐ Delete	TITLE			☐ Change	Addition	
NAME	KERR, JAMES C		NAME					
STREET ADDRESS	5555 DARROW ROAD		STREET ADDRESS					
CITY-ST-ZIP	HUDSON, OH 44236		CITY-ST-ZIP					
TITLE	PRESIDENT/CEO	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	WEBB DARRELL_		NAME					
STREET ADDRESS	5555 DARROW ROAD		STREET ADDRESS					
CITY-ST-ZIP	HUSSAL DH 44236		CITY-ST-ZIP					
TITLE	VICE PRESIDENT	☐ Delete	TITLE			☐ Change	Addition	
NAME	NIENSTEIN EDWARD 5555 DARRAW ROAD HUDSON DH 4423	<i>A</i> ,	NAME				ì	
STREET ADDRESS	5555 DARROW KOAD	,	STREET ADDRESS					
CITY-ST-ZIP	HUDSBN, UH 4423	6	CITY-ST-ZIP					
TITLE	TREASURER	☐ Delete	TITLE			Change	Addition	
NAME	ROUBIC SCOTT POAD		NAME					
STREET ADDRESS		. 40	STREET ADDRESS					
CITY-ST-ZIP	1740500 OH 442	36	CITY-ST-ZIP					
TITLE	SECRETARY	☐ Delete	TITLE			☐ Change	Addition	
NAME	GOLDSTON, WAVIOLD	,	NAME					
STREET ADDRESS	5555 PARROWI ROAD		STREET ADDRESS					
CITY-ST-ZIP	HUDSON, UH 44236	<u> </u>	CITY-ST-ZIP					
TITLE	•	Delete	TITLE			Change	Addition	
NAME			NAME STREET A DOOR OF					
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemptions contai	ined in Chapter 11	 Florida Statutes. I: 	turther certify that the i	ntormation	

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: Educate a Mountain Edward signature and typed or printed name of signing officer or director

330-463-3482