

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J06802 (9)  
1. Corporation Name  
FIGGIE RISK MANAGEMENT CO.



Principal Place of Business  
4420 SHERWIN ROAD  
WILLOUGHBY OH 44094-7938

Mailing Address  
4420 SHERWIN ROAD  
WILLOUGHBY OH 44094-7938

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5875 LANDER BROOK DR. Suite, Apt. #, etc. 22 SUITE 250 City & State 23 MAYFIELD HEIGHTS, OH Zip 24 44124		2a. Mailing Address 26 5875 LANDER BROOK DR. Suite, Apt. #, etc. 27 SUITE 250 City & State 28 MAYFIELD HEIGHTS, OH Zip 29 44124		3. Date Incorporated or Qualified 03/31/1986	
				4. FEI Number 54-1387033	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERSTMAN, JEROME M. 3199 SOMERSET DRIVE SHAKER HEIGHTS OH	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VLSACK, ROBERT D. 8240 TEWKSBURY LANE CONCORD OH	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATO REGA, DAVID J 78 DOVER PLACE NORTHFIELD OH 44146	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIMOND, DOUGLAS 27909 MARQUETTE BLVD NORTH OLMDSTED FL 44070-2844	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEMBORSKI, STEVEN L 7320 STONEHAM GATES MILLS OH 44040	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOELLNER, WILLIAM M 9131 BRAKEMAN ROAD CHARDON OH 44145	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)

**FIGGIE RISK MANAGEMENT CO.**  
**List of Officers and Directors**

**OFFICERS**

President	Jerome M Ferstman
Secretary	Debra L Kackley
Vice President	William M Goellner
Treasurer	Douglas Dimond
Assistant Treasurer	Michael R Siedler
Assistant Treasurer	David J Rega

**DIRECTORS**

Glen W Lindemann	William J Sickman	William M Goellner
Debra L Kackley	David J Rega	Thomas E Garvey

**The business address of all officers and directors is:**

**5875 Landerbrook Drive, Suite 250  
Mayfield Heights, Ohio 44124**