2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50871

Name:

Address:

City-St-Zip:

RYBKA, LAWRENCE J.,

AKRON, OH 44333

130 SPRINGSIDE DRIVE, SUITE 300

Entity Name: RYBKA MANAGEMENT COMPANY, INC.

FILED Feb 04, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---|---|--|--|
| 2328 10TH SUITE 305 LAKE WOI | | US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 2328 10TH SUITE 305 LAKE WOI | | US | | | |
| FEI Number: | 59-2768877 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 2328 10TH STE 305 LAKE WOI | ELD, ROBERT I AVENUE N. RTH, FL 33461 | US | ournose of changing its registered | d office or registered agent, or both, | |
| | of Florida. | ubitilis tilis statement for the p | ourpose or changing its registered | office of registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Election Car | | c Signature of Registered Age Trust Fund Contribution (). | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | RYBKA, LAWRE 3648 SOUTH OC | • | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DVS () RYBKA-KNISKE 1020 STRADSH RALEIGH, NC 2 | RE DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title [.] | DT () | Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE S. RYBKA DCP 02/04/2009