

## 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90002 047 \*\*\*150.00

DOCUMENT # K65425

1. Entity Name

ATLAS IRON PROCESSORS, INC.

Principal Place of Business

Mailing Address

8550 AETNA ROAD  
 CLEVELAND, OH 44105

8550 AETNA ROAD  
 CLEVELAND, OH 44105-1607

2. Principal Place of Business  
 1860 SURREY PLACE

3. Mailing Address  
 1860 SURREY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 GATES MILLS, OH

City & State  
 GATES MILLS, OH

Zip  
 44040

Country

Zip  
 44040

Country

4. FEI Number

34-1614651

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD  
 PLANTATION, FL 33324

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!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	C GIORDANO, ANTHONY J. SR. 8550 AETNA ROAD CLEVELAND, OH 44105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GIORDANO, ANTHONY J. SR. 1860 SURREY PLACE GATES MILLS, OH 44040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIORDANO, ANTHONY J. JR. 8550 AETNA ROAD CLEVELAND, OH 44105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIORDANO, ANTHONY J. JR. 1959 SOM CENTER ROAD GATES MILLS, OH 44040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIORDANO, DAVID 8550 AETNA ROAD CLEVELAND, OH 44105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GIORDANO, DAVID 199 WILLOW LANE CHAGRIN FALLS, OH 44022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OR DIRECTOR

4/29/00

Date

Daytime Phone #