## **2001 UNIFORM BUSINESS REPORT (UBR)**

William B. Risman, Trustee, Member

SIGNATURE: SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

Mailing Address Mailing Address Sign Ne (1938) St. 2450 Chapter North MAME Sign Ne (1938) St. 2450 Chapter North MAME Sign Ne (1938) St. 2450 Chapter North MAME Signature, hyped or printed norms of negotimed agent are total respications.  Mailing Address  3. Mailing Address  4. FEI Number  5. Certificate of Status Desired  5. Certificate of Status Desired  5. Status Desired  5. Name and Address of Current Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  5. Street Address (PO. Box Number is Not Acceptable)  6. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  5. Signature  6. Name and Address of New Registered Agent  Name  5. Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  6. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  6. The Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  6. The Number is Not Acceptable  City  FL  Zip Code  6. The Number is Not Acceptable  City  FL  Zip Code  6. The Number is Not Acceptable  City  FL  Zip Code  6. The Number is Not Acceptable  City  FL  Zip Code  6. The Number is Not Acceptable  City  FL  Zip Code  6. The Number is Not Acceptable  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code			OI APR 19 PM 12: 0  SECRETARY OF STAT TALLAHASSEE, FLORIG			14748	L000000j		OOCUMEN  Entity Name  SUR INTRACOA	1. E
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City & State  Country  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  File Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Title  Make Check Payable to Department of State  SIGNATURE  MANAGING MEMBERS / MEMBERS  International Delete  Title  Name  Sirect Address (P.O. Box Number is Not Acceptable)  Date  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  SIRECT ADDRESS  CITY-ST-ZIP  Manager  Wanager  Wanager  Change   Manager  Kathy J. Risman  SIRECT ADDRESS  CITY-ST-ZIP  Manager  Change   Change    Change	4. FEI Number Applied For Not Applied For Not Applicable						t. #, etc. Si		0.71. 4.1. 11.11.	
Zip Country Zip Country 5. Certificate of Status Desired   \$5.00 Address of New Registered Agent   \$5.00 Address of New Regist						uite, Apt. #, etc.			Suite, Apt. #, etc.	3
RISMAN, ROBERT R 2630 S. OCEAN BLVD., SUITE 704 PALM BEACH FL 33480  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its 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  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  ITILE NAME STREET ADDRESS CITY-ST-ZIP Change Ch					·	te C		City & State	C	
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9. MANAGING MEMBERS / MEMBERS   10. ADDITIONS/CHANGES    TITLE   Delete   TITLE   Member   William B. Risman, Trustee   STREET ADDRESS   24500 Chagrin Blvd, #200    CITY-ST-ZIP   Beachwood, OH 44122    TITLE   Manager   Change   Manager   Change    NAME   Kathy J. Risman    STREET ADDRESS   24500 Chagrin Blvd., #200    CITY-ST-ZIP   Beachwood, OH 44122    TITLE   Manager   Change    NAME   Kathy J. Risman    STREET ADDRESS   24500 Chagrin Blvd., #200    CITY-ST-ZIP   Beachwood, OH 44122    TITLE   Delete   TITLE    NAME   NAME   Change    CHANGE   Change		E							IGNATURE	ί.
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March 28,

(216) 464-5130 Daytime Phone #