

2001 UNIFORM BUSINESS REPORT (UBR)

102
0030671 AB

DOCUMENT # M00000002343			
1. Entity Name PHOTOFINANCE LLC			
Principal Place of Business 1801 RICHARDS RD. TOLEDO OH 43697		Mailing Address 1801 RICHARDS RD. PO Box 931 TOLEDO OH 43697	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 931 Suite, Apt. #, etc.	
City & State		City & State Toledo OH	
Zip	Country	Zip	Country
43697		43697	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew P. Paszek	NAME	
STREET ADDRESS	1801 Richards Rd.	STREET ADDRESS	
CITY-ST-ZIP	Toledo OH 43607	CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George H. Briggs	NAME	100003768801-6
STREET ADDRESS	1801 Richards Rd.	STREET ADDRESS	-02/26/01--01156--008
CITY-ST-ZIP	Toledo OH 43607	CITY-ST-ZIP	*****50.00 *****50.00
TITLE	Teresa Molawa, Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 Richards Rd.	NAME	
STREET ADDRESS	Toledo OH 43607	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Letitia D. Marth	NAME	
STREET ADDRESS	1801 Richards Rd.	STREET ADDRESS	
CITY-ST-ZIP	Toledo OH 43607	CITY-ST-ZIP	
TITLE	Assistant Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Hickerson	NAME	
STREET ADDRESS	660 Beaver Creek Circle	STREET ADDRESS	
CITY-ST-ZIP	Maumee OH 43537	CITY-ST-ZIP	
TITLE	Assistant Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wyndolyn Snell	NAME	
STREET ADDRESS	660 Beaver Creek Circle	STREET ADDRESS	
CITY-ST-ZIP	Maumee OH 43537	CITY-ST-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Wyndolyn Snell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		01-23-01 (419)897-7380 <small>Date Daytime Phone #</small>	

FILED
01 FEB 20 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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PhotoFinance LLC

Officers

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Paszek, Andrew P.	President	3
Briggs, George H.	Vice President	3
Hickerson, Cheryl	Assistant Treasurer	2
Marth, Letitia D.	Secretary	3
Mulawa, Teresa	Treasurer	3
Snell, Wendolyn	Assistant Treasurer	2
Weingrow, Sheryl A.	Assistant Secretary	3

Managers

Bishop, Paul J.	Manager	3
Ferrucci, Mark A.	Manager	1
Hudson, David A.	Manager	4

ADDRESS

- 1 1209 Orange Street, Wilmington, DE 19801
- 2 660 Beaver Creek, Maumee, OH 43537
- 3 1801 Richards Rd. Toledo, OH 43607
- 4 3404 North Duke Street, Durham , NC 27704