


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90019 003 \*\*\*\*50.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # M01000000929</b><br>1. Entity Name<br><b>NATIONAL CITY ABSTRACT, LLC</b>  |   |  |   |    |  |
| Principal Place of Business<br><b>103-105 BRILLIANT AVENUE<br/>ASPINWALL, PA 15215</b>  |   |  | Mailing Address<br><b>629 EUCLID AVENUE #01-3920<br/>ATTN: ELIZABETH HAGMAN<br/>CLEVELAND, OH 44114 US</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>629 EUCLID AVENUE #01-3920</b><br>Suite, Apt. #, etc.<br><b>ATTN: ANDREW COOK</b> |   |   |  |
| City & State  |   | City & State<br><b>CLEVELAND, OH</b>   |   | 4. FEI Number<br><b>52-2303260</b>  |  |
| Zip<br><b>44114</b>   |   | Country<br><b>US</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>COOK, THOMAS J<br>629 EUCLID AVENUE, LOC. 01-3920<br>CLEVELAND, OH 441143484 <input type="checkbox"/> Delete                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>HAGMAN, ELIZABETH A<br>629 EUCLID AVENUE, LOC. 01-3920<br>CLEVELAND, OH 441143484 <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>COOK, ANDREW C.<br>629 EUCLID AVENUE, LOC. 01-3920<br>CLEVELAND, OH 44114 3484 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>KRYSIK, PETER J<br>103-105 BRILLIANT AVE,<br>ASPINWALL, PA 15215 <input type="checkbox"/> Delete                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>BIBB, PAUL E JR.<br>3800 BUFFALO SPEEDWAY, SUITE 520<br>HOUSTON, TX 77098 <input type="checkbox"/> Delete                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>BOLLMAN, JOHN D<br>3232 NEWMARK DRIVE<br>MIAMISBURG, OH 45342 <input type="checkbox"/> Delete                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>WALTER, JOHN D<br>3232 NEWMARK DRIVE<br>MIAMISBURG, OH 45342 <input type="checkbox"/> Delete                                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |  |   |   |  |
| <b>SIGNATURE: x Andrew C. Cook</b> <span style="float: right;"><b>ANDREW C. COOK</b> 01/22/04 216-222-2117</span>   |   |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>   |   |  |   |   |  |