

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90015 040 \*\*\*\*50.00

**DOCUMENT # M01000000929**

1. Entity Name  
**NATIONAL CITY ABSTRACT, LLC**



**20024759**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**103-105 BRILLIANT AVENUE  
ASPINWALL PA 15215**

Mailing Address

**629 EUCLID AVENUE #01-3920  
ATTN: ELIZABETH HAGMAN  
CLEVELAND OH 44114  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2303260**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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**

Zip Code

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

Signature, type:

and title if applicable (NOTE: Registered Agent signature)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **COOK, THOMAS J**  
STREET ADDRESS **629 EUCLID AVENUE. LOC. 01-3920**  
CITY-ST-ZIP **CLEVELAND OH 44114-3484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **HAGMAN, ELIZABETH A**  
STREET ADDRESS **629 EUCLID AVENUE. LOC. 01-3920**  
CITY-ST-ZIP **CLEVELAND OH 44114-3484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **KRYSIK, PETER J**  
STREET ADDRESS **103-105 BRILLIANT AVE,**  
CITY-ST-ZIP **ASPINWALL PA 15215**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **BIBB, PAUL E JR.**  
STREET ADDRESS **3800 BUFFALO SPEEDWAY, SUITE 520**  
CITY-ST-ZIP **HOUSTON TX 77098**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **BOLLMAN, JOHN D**  
STREET ADDRESS **3232 NEWMARK DRIVE**  
CITY-ST-ZIP **MIAMISBURG OH 45342**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **WALTER, JOHN D**  
STREET ADDRESS **3232 NEWMARK DRIVE**  
CITY-ST-ZIP **MIAMISBURG OH 45342**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Elizabeth Hagman* Treasurer 02/04/2003 216-222-2117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)