

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90131 001 \*\*\*600.00

<b>DOCUMENT # P02000087552</b> 1. Entity Name <b>C&amp;D SOUTHWEST, INC.</b>					
Principal Place of Business <b>5715 DARROW RD HUDSON, OH 44236</b>		Mailing Address <b>5715 DARROW RD HUDSON, OH 44236</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>37-1446176</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARPER, LEWIS W 76 SOUTH LAURA STREET SUITE 1700 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>BMD Florida Service, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 South Laura Street</b> Suite <b>1700</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>		
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. By <u><i>John F. Martin</i></u> - <u><i>John F. Martin, Vice President</i></u> <span style="float: right;"><u><i>7/26/04</i></u></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CLARKE, TODD L</b> <b>4086 FAR-O-WAY LANE</b> <b>RICHFIELD, OH 44286</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>SERPENTINI, ROBERT M</b> <b>1989 FOUR SEASONS DRIVE</b> <b>AKRON, OH 44333</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT <b>CLARKE, ERIC A</b> <b>4065 FAR-O-WAY LANE</b> <b>RICHFIELD, OH 44286</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <b>LUSTIK, GREG</b> <b>3331 DEER CREEK TRAIL</b> <b>RICHFIELD, OH 44286</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DAVIS, MARC</b> <b>6303 MACLAURIN DRIVE</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
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			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Greg Lustik</i></u> <b>VP</b> <span style="float: right;"><u><i>7/27/04</i></u> <b>330-342-7531</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**66431105**



07142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**37-1446176**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HARPER, LEWIS W  
76 SOUTH LAURA STREET  
SUITE 1700  
JACKSONVILLE, FL 32202**

## 7. Name and Address of New Registered Agent

Name **BMD Florida Service, LLC**  
 Street Address (P.O. Box Number is Not Acceptable) **76 South Laura Street**  
 Suite **1700**  
 City **Jacksonville** **FL** Zip Code **32202**

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.

By *John F. Martin* - *John F. Martin, Vice President*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*7/26/04*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, TODD L 4086 FAR-O-WAY LANE RICHFIELD, OH 44286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SERPENTINI, ROBERT M 1989 FOUR SEASONS DRIVE AKRON, OH 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CLARKE, ERIC A 4065 FAR-O-WAY LANE RICHFIELD, OH 44286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LUSTIK, GREG 3331 DEER CREEK TRAIL RICHFIELD, OH 44286	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, MARC 6303 MACLAURIN DRIVE TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Greg Lustik* **VP** *7/27/04* **330-342-7531**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #