

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-30-2004 90131 001 ***600.00

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1. Entity Name
C&D FINANCE SW, INC.



Principal Place of Business
**5715 DARROW RD.
HUDSON, OH 44236**

Mailing Address
**5715 DARROW RD.
HUDSON, OH 44236**

66431104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

38-3663005

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE *By: 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 PD ☐ Delete
NAME CLARKE, TODD L
STREET ADDRESS 4086 FAR-O-WAY LANE
CITY-ST-ZIP RICHFIELD, OH 44286

TITLE DV ☐ Delete
NAME SERPENTINI, ROBERT M
STREET ADDRESS 1989 FOUR SEASONS DRIVE
CITY-ST-ZIP AKRON, OH 44333

TITLE DVPT ☐ Delete
NAME CLARKE, ERIC A
STREET ADDRESS 4065 FAR-O-WAY LANE
CITY-ST-ZIP RICHFIELD, OH 44286

TITLE VPS ☐ Delete
NAME LUSTIK, GREG
STREET ADDRESS 3331 DEER CREEK TRAIL
CITY-ST-ZIP RICHFIELD, OH 44286

TITLE V ☐ Delete
NAME DAVIS, MARC
STREET ADDRESS 6303 MACLAURIN DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/04 330-342-7531