

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90349 044 ***150.00

DOCUMENT # P09109

1. Entity Name

AUSTIN INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

25800 SCIENCE PARK DR.
 CLEVELAND OH 44122

25800 SCIENCE PARK DR.
 CLEVELAND OH 44122-7311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1476957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	GLEASON, MICHAEL A.
STREET ADDRESS	25800 SCIENCE PARK
CITY-ST-ZIP	CLEVELAND OH
TITLE	VPT <input type="checkbox"/> Delete
NAME	BOLDT, JAMES C
STREET ADDRESS	25800 SCIENCE PARK
CITY-ST-ZIP	CLEVELAND OH
TITLE	S <input type="checkbox"/> Delete
NAME	LIVECCHI, STEVEN M
STREET ADDRESS	25800 SCIENCE PARK DRIVE
CITY-ST-ZIP	BEACHWOOD OH
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, W. JACK
STREET ADDRESS	P.O. BOX 950 N/A
CITY-ST-ZIP	COEBURN VA
TITLE	D <input type="checkbox"/> Delete
NAME	GLEASON, DAVID
STREET ADDRESS	25800 SCIENCE PARK
CITY-ST-ZIP	CLEVELAND OH
TITLE	VPGM <input type="checkbox"/> Delete
NAME	ECKLES, TED
STREET ADDRESS	25800 SCIENCE PARK DRIVE
CITY-ST-ZIP	BEACHWOOD OH

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Michael A. Gleason

Treasurer

4-13-00

(216) 464-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)