

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90228 010 \*\*\*150.00

UNIFORM  
A1

**DOCUMENT # P09109**

1. Entity Name  
**AUSTIN INTERNATIONAL, INC.**

Principal Place of Business <b>25800 SCIENCE PARK DR.          CLEVELAND OH 44122</b>	Mailing Address <b>25800 SCIENCE PARK DR.          CLEVELAND OH 44122</b>
--	--

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>34-1476957</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLEASON, MICHAEL A.</b>	NAME	
STREET ADDRESS	<b>25800 SCIENCE PARK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	CITY-ST-ZIP	
TITLE	<b>VPT</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLDT, JAMES C</b>	NAME	<b>Douglas Stelzer</b>
STREET ADDRESS	<b>25800 SCIENCE PARK</b>	STREET ADDRESS	<b>25800 Science Park Dr.</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	CITY-ST-ZIP	<b>Beachwood, OH 44122</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIVECCHI, STEVEN M</b>	NAME	
STREET ADDRESS	<b>25800 SCIENCE PARK DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BEACHWOOD OH</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, W. JACK</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 950 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COEBURN VA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLEASON, DAVID</b>	NAME	
STREET ADDRESS	<b>25800 SCIENCE PARK</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	CITY-ST-ZIP	
TITLE	<b>VPGM</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKLES, TED</b>	NAME	<b>John Rathbun</b>
STREET ADDRESS	<b>25800 SCIENCE PARK DRIVE</b>	STREET ADDRESS	<b>25800 Science Park Dr.</b>
CITY-ST-ZIP	<b>BEACHWOOD OH</b>	CITY-ST-ZIP	<b>Beachwood, OH 44122</b>

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: *Michael Gleason* **GUARDED Treasurer** 1/18/02 (216) 464-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)