

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90103 027 ***150.00

DOCUMENT # P09109



1. Entity Name
AUSTIN INTERNATIONAL, INC.

Principal Place of Business
**25800 SCIENCE PARK DR.
CLEVELAND OH 44122**

Mailing Address
**25800 SCIENCE PARK DR.
CLEVELAND OH 44122**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1476957**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. 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	T	<input type="checkbox"/> Delete
NAME	STELZER, DOUGLAS	
STREET ADDRESS	25800 SCIENCE PARK DR	
CITY-ST-ZIP	BEACHWOOD OH 44122	
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	VP	<input type="checkbox"/> Delete
NAME	RATHBUN, JOHN	
STREET ADDRESS	25800 SCIENCE PARK DR	
CITY-ST-ZIP	BEACHWOOD OH 44122	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 (216) 464-2400
Date Daytime Phone #

CR2E034 (10/02)