

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P22945**

1. Entity Name  
**IMPERIAL OPERATIONS CORP.**



Principal Place of Business

**6140 PARKLAND BLVD  
#110  
MAYFIELD HEIGHTS, OH 44124**

Mailing Address

**6140 PARKLAND BLVD  
#110  
MAYFIELD HEIGHTS, OH 44124**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1603214**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TOMSICH, ROBERT J  
STREET ADDRESS 6140 PARKLAND BLVD  
CITY-ST-ZIP MAYFIELD HEIGHTS, OH 44124

TITLE VS  
NAME BRAINARD, PATRICK J  
STREET ADDRESS 6140 PARKLAND BLVD  
CITY-ST-ZIP MAYFIELD HEIGHTS, OH 44124

TITLE V  
NAME TOMSICH, JOHN R  
STREET ADDRESS 6140 PARKLAND BLVD  
CITY-ST-ZIP MAYFIELD HEIGHTS, OH 44124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

000000547634  
05/12/06-80031-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered

SIGNATURE:

*Patrick J. Brainard* V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04  
Date

Daytime Phone #