

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90003 043 ***150.00

40094158



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
34-1636772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PETRARCA, ANTHONY N.**
STREET ADDRESS **1765 MERRIMAN ROAD**
CITY-ST-ZIP **AKRON, OH 44313**

TITLE **VT** ☐ Delete
NAME **INTORCIO, RICHARD A**
STREET ADDRESS **1765 MERRIMAN RD**
CITY-ST-ZIP **AKRON, OH 44313**

TITLE **D** ☐ Delete
NAME **PETRARCA, LENORA J.**
STREET ADDRESS **1765 MERRIMAN ROAD**
CITY-ST-ZIP **AKRON, OH 44313**

TITLE **S** ☐ Delete
NAME **DUFF, ANDREW R**
STREET ADDRESS **159 S MAIN ST 6TH FL**
CITY-ST-ZIP **AKRON, OH 44308**

TITLE **VP** ☐ Delete
NAME **SPONSELLER, ALAN W**
STREET ADDRESS **1765 MERRIMAN RD**
CITY-ST-ZIP **AKRON, OH 44313**

TITLE **D** ☐ Delete
NAME **PETRARCA, ANTHONY A**
STREET ADDRESS **1765 MERRIMAN RD**
CITY-ST-ZIP **AKRON, OH 44313**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **Jeffrey P. Keating**
STREET ADDRESS **1765 Merriman Road**
CITY-ST-ZIP **Akron, Ohio 44313**

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **Andrew R. Duff**
STREET ADDRESS **159 S. Main St., Ste. 1100**
CITY-ST-ZIP **Akron, Ohio 44308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 like empowered.

SIGNATURE:

Alan W. Sponseller

Alan W. Sponseller

04/30/07

330.836.9971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #