

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90659 007 ***150.00

0605976 AT

DOCUMENT # P30428

1. Entity Name

CARLTON CARDS RETAIL, INC.

Principal Place of Business

Mailing Address

**ONE AMERICAN RD
 CLEVELAND OH 44144**

**ONE AMERICAN RD
 CLEVELAND OH 44144**

80063744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0858911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2002 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 ☐ Delete

**P
 NAME PAPESH, PATRICIA A
 STREET ADDRESS ONE AMERICAN ROAD
 CITY-ST-ZIP CLEVELAND OH 44144**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**C
 NAME BECKSTROM, DENNIS
 STREET ADDRESS ONE AMERICAN ROAD
 CITY-ST-ZIP CLEVELAND OH 44144**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**T
 NAME CABLE, DALE A
 STREET ADDRESS 1 AMERICAN ROAD
 CITY-ST-ZIP CLEVELAND OH 44144**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**VP
 NAME CIPILLONE, JOSEPH B
 STREET ADDRESS 1 AMERICAN ROAD
 CITY-ST-ZIP CLEVELAND OH 44144**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**S
 NAME GROETZINGER, JON JR.
 STREET ADDRESS ONE AMERICAN RD
 CITY-ST-ZIP CLEVELAND OH 44144**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**D
 NAME WEISS, JEFF
 STREET ADDRESS ONE AMERICAN RD
 CITY-ST-ZIP CLEVELAND OH 44144**

TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/01)