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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90052 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33791

1. Corporation Name

INTERNATIONAL MANAGEMENT OF OHIO, INC.

Principal Place of Business

1MG CENTER 1360 E 9TH STREET
SUITE 100
CLEVELAND OH 44114-782
US

Mailing Address

1MG CENTER 1360 E 9TH ST
SUITE 100
CLEVELAND OH 44114-782
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1991

4. FEI Number

34-0896822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME MCCORMACK, MARK H.
STREET ADDRESS 1 ERIEVIEW PLAZA, #1300
CITY-ST-ZIP CLEVELAND OH

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1MG Center 1360 E. 9th St. Suite 100
1.4 CITY-ST-ZIP CLEVELAND, OH 44114-1782

TITLE VD ☐ DELETE

NAME LAFAYE, ARTHUR J.
STREET ADDRESS 1 ERIEVIEW PLAZA, #1300
CITY-ST-ZIP CLEVELAND OH

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1MG Center 1360 E. 9th St. Suite 100
2.4 CITY-ST-ZIP CLEVELAND, OH 44114-1782

TITLE S ☐ DELETE

NAME CARFAGNA, PETER A
STREET ADDRESS ONE ERIEVIEW PLAZA, SUITE 1300
CITY-ST-ZIP CLEVELAND OH 44114

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1MG Center 1360 E. 9th St. Suite 100
3.4 CITY-ST-ZIP CLEVELAND, OH 44114-1782

TITLE T ☐ DELETE

NAME OSBORNE, DAVID A JR
STREET ADDRESS ONE ERIEVIEW PLAZA, SUITE 1300
CITY-ST-ZIP CLEVELAND OH 44114

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 1MG Center 1360 E. 9th St. Suite 100
4.4 CITY-ST-ZIP CLEVELAND, OH 44114-1782

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/98

246-522-1200

Date

Daytime Phone #

CR2E034 (11/98)