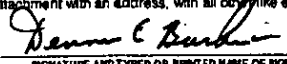


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90679 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P35936					
1. Entity Name GEORGE R. HALL, INC.					
Principal Place of Business 33530 PIN OAK PARKWAY AVON LAKE, OH 44012 US			Mailing Address 33530 PIN OAK PARKWAY AVON LAKE, OH 44012 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1377362	
				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 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ (Signature, typed or printed name of registered agent and title 7 April 2003) (NOTE: Registered Agents Signature should remain unaltered)					
				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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL, GRAHAM		NAME		
STREET ADDRESS	33530 PIN OAK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, OH		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUSHMAN, DENNIS E.		NAME		
STREET ADDRESS	33530 PIN OAK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	AVON LAKE, OH		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOORE, H. WILLIAM		NAME		
STREET ADDRESS	33530 PIN OAK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	AVON LAKE, OH		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Dennis E. Bushman 3/11/03 440-933-4101		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

90052103



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)