**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40632** **(2)**

1. Corporation Name
**CREATACARD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE AMERICAN ROAD<br>CLEVELAND OH 44144<br>US | ONE AMERICAN ROAD<br>CLEVELAND OH 44144<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 ONE AMERICAN ROAD | 26 ONE AMERICAN ROAD |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 CLEVELAND, OHIO | City & State<br>28 CLEVELAND, OHIO |
| Zip: 24 44144 Country: 25 U.S.A. | Zip: 29 44144 Country: 30 U.S.A. |

4. FEI Number: 34-1714008 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSE FL 32301

10. Name and Address of New Registered Agent

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KLIPFELL, JOHN | 12 NAME | |
| STREET ADDRESS | 17573 PIONEER CREEK | 13 STREET ADDRESS | |
| CITY-ST-ZIP | STRONGVILLE OH | 14 CITY-ST-ZIP | |
| TITLE | S | 21 TITLE | ☐ Change ☐ Addition |
| NAME | GROETZINGER, JON, JR. | 22 NAME | |
| STREET ADDRESS | 37455 MILES ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MORELAND HILLS OH | 24 CITY-ST-ZIP | |
| TITLE | AS | 31 TITLE | AS ☒ Change ☐ Addition |
| NAME | OZAN, PAUL | 32 NAME | ALDEN, PHYLLIS |
| STREET ADDRESS | 5381 KILBOURNE DRIVE | 33 STREET ADDRESS | 12 DAISY LANE |
| CITY-ST-ZIP | LYNDHURST OH | 34 CITY-ST-ZIP | PEPPER PIKE OHIO 44124 |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | CABLE, DALE | 42 NAME | |
| STREET ADDRESS | 29212 INVERNESS DRIVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | BAY VILLAGE OH | 44 CITY-ST-ZIP | |
| TITLE | AT | 51 TITLE | V ☒ Change ☐ Addition |
| NAME | STRAUCH, TIM | 52 NAME | MEYER, WILLIAM |
| STREET ADDRESS | ONE AMERICAN ROAD | 53 STREET ADDRESS | 3111 ROXBURY PARK |
| CITY-ST-ZIP | CLEVELAND OH | 54 CITY-ST-ZIP | BAY VILLAGE, OHIO 44144 |
| TITLE | AS | 61 TITLE | AS ☒ Change ☐ Addition |
| NAME | WEINSHENKER, HOWARD | 62 NAME | ROOSA, JAMES |
| STREET ADDRESS | 14285 CHAGRIN WOODS DR. | 63 STREET ADDRESS | ONE AMERICAN ROAD |
| CITY-ST-ZIP | NEWBERRY OH | 64 CITY-ST-ZIP | CLEVELAND, OHIO 44144 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

**SIGNATURE:** Dale A. Cable 2-24-95 (216) 252-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DALE A. CABLE

0400030 FP