

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P40632 (2)
1. Corporation Name
CREATACARD, INC.



Principal Place of Business
ONE AMERICAN ROAD
CLEVELAND OH 44144
US

Mailing Address
ONE AMERICAN ROAD
CLEVELAND OH 44144
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 ☐ DELETE
NAME P
STREET ADDRESS KLIPFELL, JOHN
CITY-ST-ZIP 17573 PIONEER CREEK
STRONGVILLE OH

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS GROETZINGER, JON, JR.
CITY-ST-ZIP 37455 MILES ROAD
MORELAND HILLS OH

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME AS
STREET ADDRESS ALDEN, PHILLIS
CITY-ST-ZIP 12 DAISY LANE
PEPPER PIKE OH

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME AS
3.3 STREET ADDRESS PHYLLIS ALDEN
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS CABLE, DALE
CITY-ST-ZIP 29212 INVERNESS DRIVE
BAY VILLAGE OH

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
STREET ADDRESS RIPPLE, PATRICIA
CITY-ST-ZIP 3111 ROXBURY PARK
BAY VILLAGE OH

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AT
5.3 STREET ADDRESS TIMOTHY STRAUH
5.4 CITY-ST-ZIP ONE AMERICAN ROAD
CLEVELAND, OH 44144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME AS
6.3 STREET ADDRESS MICHELLE CREGER
6.4 CITY-ST-ZIP ONE AMERICAN ROAD
CLEVELAND, OH 44144

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.

SIGNATURE: Patricia Ripple

010250-7300

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