2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P40971

1. Entity Name
THE ALEX N. SILL COMPANY

Principal Place of Business	Mailing Address
6000 LOMBARDO CENTER, #600 CLEVELAND, OH 44131	6000 LOMBARDO CENTER, #600 CLEVELAND, OH 44131

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-0473530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUNNICLIFF, CYNTHIA S., ESQ.
215 SOUTH MONROE STREET, SUITE 200
TALLAHASSEE, FL 32302

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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 if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000548183
05/12/06-80055-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUNZ, JACK
STREET ADDRESS	6000 LOMBARDO CENTER #600
CITY-ST-ZIP	CLEVELAND, OH
TITLE	VD
NAME	WOODWARD, JOHN
STREET ADDRESS	24925 HALL DRIVE
CITY-ST-ZIP	WESTLAKE, OH
TITLE	CD
NAME	SILL, ROBERT L
STREET ADDRESS	28350 CAMBRIDGE LANE
CITY-ST-ZIP	PEPPER PIKE, OH
TITLE	CFO
NAME	DRAGONY, DONALD J
STREET ADDRESS	24811 MEADOW LANE
CITY-ST-ZIP	WESTLAKE, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CFO/VP Finance 4-21-06 216-524-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #