

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	
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Principal Place of Business 6000 LOMBARDO CENTER, #600 CLEVELAND, OH 44131	Mailing Address 6000 LOMBARDO CENTER, #600 CLEVELAND, OH 44131
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

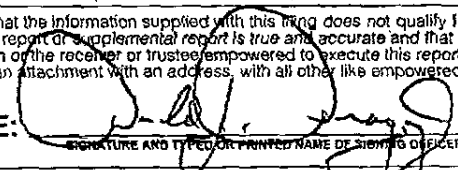
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000548183
05/12/06-80055-005 150.00

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

DO NOT WRITE IN THIS SPACE

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/VPT Finance** **4-21-06** **206-524-9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #