

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90331 029 \*\*\*150.00

**DOCUMENT # P40971**

1. Entity Name  
**THE ALEX N. SILL COMPANY**



Principal Place of Business

**6000 LOMBARDO CENTER, #600  
CLEVELAND, OH 44131**

Mailing Address

**6000 LOMBARDO CENTER, #600  
CLEVELAND, OH 44131**

**DO NOT WRITE IN THIS SPACE**



04052007 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**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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 DRAGON, 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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donald J. Dragon* CFO/VP Finance 4-5-07 216-524-9929