

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P40971**

1. Entity Name

THE ALEX N. SILL COMPANY



**FILED  
May 02, 2003 8:00 am  
Secretary of State**

05-02-2003 90228 003 \*\*\*150.00

RECEIVED  
AT

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

Mailing Address  
6000 LOMBARDO CENTER, #600  
CLEVELAND OH 44131

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country

Zip      Country

4. FEI Number	<b>34-0473530</b>	Applied For
		Not Applicable

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

**6. Name and Address of Current Registered Agent**

TUNNCLIFF, CYNTHIA S., ESQ.  
215 SOUTH MONROE STREET, SUITE 500  
P.O. DRAWER 190  
TALLAHASSEE FL 32302

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**      Zip Code

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE      PD       Delete  
NAME      KUNZ, JACK  
STREET ADDRESS      6000 LOMBARDO CENTER #600  
CITY-ST-ZIP      CLEVELAND OH

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE      VD       Delete  
NAME      WOODWARD, JOHN  
STREET ADDRESS      24925 HALL DRIVE  
CITY-ST-ZIP      WESTLAKE OH

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE      CD       Delete  
NAME      SILL, ROBERT L  
STREET ADDRESS      28350 CAMBRIDGE LANE  
CITY-ST-ZIP      PEPPER PIKE OH

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE      CFO       Delete  
NAME      DRAGONY, DONALD J  
STREET ADDRESS      24811 MEADOW LANE  
CITY-ST-ZIP      WESTLAKE OH

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

12. 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 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: *Donald J. Dragony*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

(216)  
524-9888

Daytime Phone #

CR2E034 (10/02)