


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000082907</b>	
1. Entity Name <b>PELCO CORP.</b>	

Principal Place of Business <b>24200 CHAGRIN BLVD SUITE 237 BEACHWOOD, OH 44122 US</b>	Mailing Address <b>24200 CHAGRIN BLVD SUITE 237 BEACHWOOD, OH 44122 US</b>
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02092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2142649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**ANDERSON, WENDY ESQ.  
200 S. ORANGE AVE.  
SUITE 2300  
ORLANDO, FL 32801-3432**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000064134  
02/24/04-80002-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGAL, MICHAEL 5060 RICHMOND RD BEDFORD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGAL, SOL 5060 RICHMOND RD BEDFORD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERSTROM, SANFORD 24200 CHAGRIN SUITE 237 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:** *Sanford Wasserstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/19/04 (216) 831-8840**