	BUSINESS REPORT (UBR
DOCUMENT # 1. Entity Name	P95000041303

FILED

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SECRETARY OF STATE

Hartley Management Corporation

	DO NO	T WRITE	IN THIS SI	PACE		A P	TALLAHASS	SEE, FLORIDA
2. Principal P	Place of Business	<u> </u>	3. Mailing Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·	•		
791 Wye Road		791 Wye Road			_			
Suite, Apt.			Suite, Apt. #, etc.	toda	2	2002	DO NO A REAL TH	ENDE
City & Stat	е		City & State		4.	FEI Number	* .	Applied For
	Akron, C	H	Akron, OF	I		34-18	02866	Not Applicable
Zip	44333	ountry US	Zip 44333	Country US	5.	Certificate of Sta		\$8.75 Additional Fee Required
					7. N	lame and Addres	s of Current Registe	red Agent
		NOT W THIS SF		Street A	ddess (PO.	rporati Box Number is N. S. Pine ation		oad Zip Code
SIGNATURE		mits this statement fo	r the purpose of changing its r	registered office of				133324
	equirement and el	satisfy its Intangible ects to do so.	After May 1	ay 1 Fee is \$150 i; Fee is \$550.00 UBR is \$61.25 e to Departmen)		Campaign Financing d Contribution.	\$5.00 May Be Added to Fees
11.		OFFICERS AND						
TITLE	P/D/CEO			TITLE		300	000802	1212-4
NAME	Gerald	J. Gabrie	1	NAME		* 6 .		01061028

STREET ADDRESS 791 Wye Road STREET ADDRESS CITY-ST-ZIP Akron, OH 44333 CITY-ST-ZIP V/D Elizabeth S. Murphy TITLE TITLE NAME NAME 791 Wye Road STREET ADDRESS STREET ADDRESS Akron, OH 44333 CITY-ST-ZIP CITY-ST-ZIP

EVP/General Counsel TITLE TITLE Gregory J. Chambers 791 Wye Road NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE Akron, OH 44333 CITY-ST-ZIP CITY-ST-ZIP EVP/T/S/D TITLE TITLE IN THIS SPACE Alex L. Csiszar NAME NAME STREET ADDRESS 791 Wye Road STREET ADDRESS

CITY-ST-ZIP Akron, OH 44333 CITY-ST-7IP AS/AT TITLE TITLE Elinor M. Culotta NAME NAME STREET ADDRESS 791 Wye Road CITY-ST-7IP CITY-ST-ZIP Akron, OH 44333 TITLE

STREET ADDRESS TITLE NAME

STREET ADDRESS

CITY-ST-ZIP 13. 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 11 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

GERALD &

GABRIEL