


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90251 022 \*\*\*158.75

<b>DOCUMENT # P95000041303</b>			
1. Entity Name <b>HARTLEY MANAGEMENT CORPORATION</b>			
Principal Place of Business 791 WYE ROAD AKRON OH 44333 US		Mailing Address 791 WYE ROAD AKRON OH 44333 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**24058079**



MOORE CR2E034 (11/03)

4. FEI Number <b>34-1802866</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete GABRIEL, GERALD J 791 WYE ROAD AKRON OH 44333	TITLE P, CEO, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADAM H. MEYERSON 791 WYE RD AKRON, OH 44333
TITLE CEO	<input checked="" type="checkbox"/> Delete GABRIEL, GERALD J 791 WYE ROAD AKRON OH 44333	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT F. MEYERSON 791 WYE RD AKRON, OH 44333
TITLE VD	<input checked="" type="checkbox"/> Delete MURPHY, ELIZABETH S 791 WYE ROAD AKRON OH 44333	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREW S. MEYERSON 791 WYE RD AKRON, OH 44333
TITLE ASAT	<input type="checkbox"/> Delete CULOTTA, ELINOR M 791 WYE ROAD AKRON OH 44333	TITLE EVP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELINOR M. CULOTTA 791 WYE RD AKRON, OH 44333
TITLE EVGC	<input checked="" type="checkbox"/> Delete CHAMBERS, GREGORY J 791 WYE ROAD AKRON OH 44333	TITLE AS, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHY J. GOREK 791 WYE RD AKRON, OH 44333
TITLE EVTS	<input checked="" type="checkbox"/> Delete CSISZAR, ALEX L 791 WYE ROAD AKRON OH 44333	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elinor M. Culotta* **ELINOR M. CULOTTA, SECU**  
 Date: **4-22-04**  
 Daytime Phone #: **330-666-6380**