

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90078 020 \*\*\*158.75

**DOCUMENT # P95000041303**

1. Entity Name

**HARTLEY MANAGEMENT CORPORATION**



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

1st MOORE

CR2E034 (10/05)

4. FEI Number

34-1802866

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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, 2006 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	PCEO	<input type="checkbox"/> Delete
NAME	MEYERSON, ADAM H	
STREET ADDRESS	791 WYE ROAD	
CITY - ST - ZIP	AKRON OH 44333	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYSS, MICHAEL A	
STREET ADDRESS	791 WYE ROAD	
CITY - ST - ZIP	AKRON OH 44333	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERSON, ANDREW S	
STREET ADDRESS	791 WYE ROAD	
CITY - ST - ZIP	AKRON OH 44333	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CULOTTA, ELINOR M	
STREET ADDRESS	791 WYE ROAD	
CITY - ST - ZIP	AKRON OH 44333	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	GOREK, KAHTY J	
STREET ADDRESS	791 WYE ROAD	
CITY - ST - ZIP	AKRON OH 44333	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERSON, ROBERT	
STREET ADDRESS	791 WYE ROAD	
CITY - ST - ZIP	AKRON OH 44333	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, CEO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM H. MEYERSON	
STREET ADDRESS	791 WYE RD	
CITY - ST - ZIP	AKRON, OH 44333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Elinor M. Culotta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ELINOR M. CULOTTA VST*

*AKRON OH 44333*

*4/26/06*

*330-666-6380*

Date

Daytime Phone #