

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90026 041 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

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, 2007 Fee will be \$550.00**

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 checked="" type="checkbox"/> Delete |
| NAME           | WYSS, MICHAEL A    |  |
| STREET ADDRESS | 791 WYE ROAD       |  |
| CITY-ST-ZIP    | AKRON, OH 44333    |  |
| TITLE          | D                  | <input checked="" 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 checked="" type="checkbox"/> Delete |
| NAME           | GOREK, KAHTY J     |  |
| STREET ADDRESS | 791 WYE ROAD       |  |
| CITY-ST-ZIP    | AKRON, OH 44333    |  |
| TITLE          | D                  | <input checked="" 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          | VP, AS, AT, D     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DEBORAH A. WARREN |  |
| STREET ADDRESS | 791 WYE RD        |  |
| CITY-ST-ZIP    | AKRON, OH 44333   |  |
| TITLE          | 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          | P, S, T, D        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ELINOR M. CULOTTA |  |
| 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    |                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Culotta* Elinor Culotta Treasurer

4/30/07

330-666-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #