


FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90026 004 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000055841		
1. Entity Name PDMF PROPERTIES, INC.		
Principal Place of Business 4930 STATE ROAD CLEVELAND, OH 44134		Mailing Address 4930 STATE ROAD CLEVELAND, OH 44134
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	TRZCINSKI, RONALD	
STREET ADDRESS	12769 PATRICIA DRIVE	
CITY- ST- ZIP	NORTH ROYALTON, OH 44133	
TITLE	VPD	
NAME	CARLSON, LAWRENCE	
STREET ADDRESS	5210 PARK DRIVE	
CITY- ST- ZIP	MEDINA, OH 44256	
TITLE	VPD	
NAME	STROUP, DOUGLAS	
STREET ADDRESS	7632 VINE MONT CT.	
CITY- ST- ZIP	HUDSON, OH 44236	
TITLE	STD	
NAME	TRZCINSKI, CHERYL	
STREET ADDRESS	8220 TANGLEWOOD LANE	
CITY- ST- ZIP	PARMA, OH 44129	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
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: <u>Cheryl M. Trzcinski</u> <u>Ronald H. Trzcinski, Secretary</u> <u>3/13/08</u> <u>216-661-8388</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

40076341



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1806865 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**