

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000041639

1. Entity Name
CORKSCREW LAND INVESTMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 PM 4:26

Principal Place of Business

1160 TERMINAL TOWER
50 PUBLIC SQUARE
CLEVELAND, OH 44113 US

Mailing Address

1160 TERMINAL TOWER
50 PUBLIC SQUARE
CLEVELAND, OH 44113 US

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1835636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPAS
NAME MCCOWN, LAYTON
STREET ADDRESS 1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE D
NAME RATNER, JAMES A
STREET ADDRESS 1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE ST
NAME SMITH, THOMAS C
STREET ADDRESS 1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE VP
NAME LARUE, DAVID
STREET ADDRESS 1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500037043975
05/24/04--01066--007 **70.00

000037044000
05/24/04--01066--008 **80.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04
Date

216-621-6060
Daytime Phone #

Thomas G. Smith, Secretary and Treasurer