

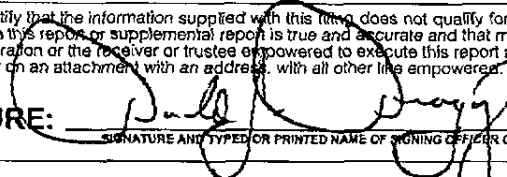


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000066489</b>			
1. Entity Name <b>ALEX N. SILL COMPANY OF FLORIDA, INC.</b>			
Principal Place of Business <b>890 NORTHERN WAY STE C-3 WINTER SPRINGS, FL 32708</b>		Mailing Address <b>890 NORTHERN WAY STE C-3 WINTER SPRINGS, FL 32708</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>34-1849909</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TUNNICLIFF, CYNTHIA S 215 SOUTH MONROE STREET SUITE 200 TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000548180</b> <b>05/12/06-80055-004 150.00</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNZ, JACK 6000 LOMBARDO CENTER #500 CLEVELAND, OH 44131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODWARD, JOHN 24925 HALL DR WESTLAKE, OH 44145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SILL, ROBERT L 28350 CAMBRIDGE LANE PEPPER PIKE, OH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DRAGONY, DONALD J 24811 MEADOW LANE WESTLAKE, OH 44145		
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: 		CFO/VP Finance 4-21-06 216-521-9998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	