2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066489

Title:

Name:

Address:

City-St-Zip:

CFO

() Delete

DRAGONY, DONALD J

24811 MEADOW LANE

WESTLAKE, OH 44145

Entity Name: ALEX N. SILL COMPANY OF FLORIDA, INC.

FILED Apr 30, 2008 Secretary of State

Current Pi	incipal Place	of Business:	New Princ	New Principal Place of Business:		
890 NORTHERN WAY STE B-1 WINTER SPRINGS, FL 32708			STE 600	6000 LOMBARDO CTR STE 600 SEVEN HILLS, OH 44131		
Current M	ailing Address	s:	New Maili	New Mailing Address:		
890 NORTHERN WAY STE B-1 WINTER SPRINGS, FL 32708			STE 600	6000 LOMBARDO CTR STE 600 SEVEN HILLS, OH 44131		
FEI Number:	34-1849909	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
TUNNICLIFF, CYNTHIA S 215 SOUTH MONROE STREET SUITE 200 TALLAHASSEE, FL 32301 US						
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KUNZ, JACK	Delete O CENTER #600 H 44131	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () WOODWARD, J 24925 HALL DR WESTLAKE, OH		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () SILL, ROBERT L 28350 CAMBRIE PEPPER PIKE, 0	GE LANE	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD J DRAGONY CFO 04/30/2008

() Change () Addition