

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 042 ***158.75

DOCUMENT # S71550

1. Entity Name

SCANLAB, INC.



Principal Place of Business

16150 BRROK PARK ROAD
CLEVELAND OH 44135
US

Mailing Address

16150 BRROK PARK ROAD
CLEVELAND OH 44135
US

54010131



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3235379

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUCHWALTER, DOUGLAS M
1172 BROWNELL STREET
CLEARWATER FL 34616

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, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEIDEMANN, ANDERS	
STREET ADDRESS	26 WINSTON DR	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	VAUGHN, FRANK	
STREET ADDRESS	470-11 BENT CREEK OVAL	
CITY-ST-ZIP	AURORA OH 44202	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, JACK	
STREET ADDRESS	2745 GIBSON DRIVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREERY, ROBERT	
STREET ADDRESS	3190 ROUNDWOOD ROAD	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	MCVEAN, DUNCAN	
STREET ADDRESS	6122 LIBERTY ROAD	
CITY-ST-ZIP	OLON OH 44139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOWLING, PATRICK	
STREET ADDRESS	5906 E CATAWBA BEACH DRIVE	
CITY-ST-ZIP	PORT CLINTON OH 43452	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL STRADTMAN	
STREET ADDRESS	12203 BLUFFSIDE PL	
CITY-ST-ZIP	STRONGSVILLE, OH 44136	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B. V. RANDELLA	
STREET ADDRESS	7574 W 82ND ST.	
CITY-ST-ZIP	PLAYA DEL REY, CA 90293	
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		
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 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

Date

Daytime Phone #

216-362-1840