


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                                                                               |                                 |                                                                               |                                                                                                                                      |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # S71550</b><br>1. Entity Name<br><b>SCANLAB, INC.</b>                                                                                                                                                             |                                                                               |                                 |                                                                               |                                                     |                                                              |
| Principal Place of Business<br><b>16150 BROOK PARK ROAD<br/>CLEVELAND OH 44135<br/>US</b>                                                                                                                                      |                                                                               |                                 | Mailing Address<br><b>16150 BROOK PARK ROAD<br/>CLEVELAND OH 44135<br/>US</b> |                                                                                                                                      |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                                                                               |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                     |                                                                                                                                      |                                                              |
| City & State                                                                                                                                                                                                                   |                                                                               |                                 | City & State                                                                  |                                                                                                                                      |                                                              |
| Zip                                                                                                                                                                                                                            |                                                                               | Country                         |                                                                               | 4. FEI Number <b>59-3235379</b>                                                                                                      |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      |                                                                               |                                 |                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                                |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>BUCHWALTER, DOUGLAS M<br/>1172 BROWNWELL STREET<br/>CLEARWATER FL 34616</b>                                                                                          |                                                                               |                                 |                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when rec-stating) DATE _____                                                                                                                                        |                                                                               |                                 |                                                                               |                                                                                                                                      |                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                |                                                                               |                                 |                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May C Added to Fees</b>                   |                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                     |                                                                               |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                         |                                                                                                                                      |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | PD<br>HEIDEMANN, ANDERS<br>26 WINSTON DR<br>BELLEAIR FL 33756                 | <input type="checkbox"/> Delete |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | 000000448147<br>03/09/06 80002-008 152.75                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | D<br>VAUGHN, FRANK<br>470-11 BENT CREEK OVAL<br>AURORA OH 44202               | <input type="checkbox"/> Delete |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | D<br>LEONARD, JACK<br>2745 GIBSON DRIVE<br>ROCKY RIVER OH 44116               | <input type="checkbox"/> Delete |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | D<br>MCREEERY, ROBERT<br>3190 ROUNDWOOD ROAD<br>CHAGRIN FALLS OH 44022        | <input type="checkbox"/> Delete |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | CD<br>MCVEAN, DUNCAN<br>6122 LIBERTY ROAD<br>SOLON OH 44139                   | <input type="checkbox"/> Delete |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | TD<br>DOWLING, PATRICK<br>5906 E CATAWBA BEACH DRIVE<br>PORT CLINTON OH 43452 | <input type="checkbox"/> Delete |                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** P.F. DOWLING Jr 2/7/06 216-362-787  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #