

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90761 007 ***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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3235379**

Applied For

Not Applicable

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD HEIDEMANN, ANDERS**
STREET ADDRESS **28 WINSTON DR**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE ☐ Change ☒ Addition
NAME **D BUREN RANDEKIA**
STREET ADDRESS **7574 WEST 82nd ST.**
CITY-ST-ZIP **PLAYA DEL REY, CA 90293**

TITLE ☐ Delete
NAME **CD VAUGHN, FRANK**
STREET ADDRESS **470-11 BENT CREEK OVAL**
CITY-ST-ZIP **AURORA OH 44202**

TITLE ☐ Change ☒ Addition
NAME **D PAUL STRADTMAN**
STREET ADDRESS **12203 BLUFFSIDE PL**
CITY-ST-ZIP **STRONGSVILLE, OH 44136**

TITLE ☐ Delete
NAME **D LEONARD, JACK**
STREET ADDRESS **2745 GIBSON DRIVE**
CITY-ST-ZIP **ROCKY RIVER OH 44116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MCCREERY, ROBERT**
STREET ADDRESS **3190 ROUNDWOOD ROAD**
CITY-ST-ZIP **CHAGRIN FALLS OH 44022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MCVEAN, DUNCAN**
STREET ADDRESS **6122 LIBERTY ROAD**
CITY-ST-ZIP **OLON OH 44139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD DOWLING, PATRICK**
STREET ADDRESS **5906 E CATAWBA BEACH DRIVE**
CITY-ST-ZIP **PORT CLINTON OH 43452**

TITLE ☐ Change ☐ 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 of Patrick F. Dowling
PATRICK F. DOWLING 3/5/03 216-362-1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)