

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000001106

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**1683416691CC**

**Entity Name:** PROGRESSIVE COMMERCIAL ADVANTAGE AGENCY, INC.

**Current Principal Place of Business:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143

**Current Mailing Address:**

PO BOX 5070  
CLEVELAND, OH 44143 US

**FEI Number:** 27-2393886

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name POLITIZI, VICTOR  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title VP  
Name MILLER, MICHAEL J  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title S  
Name CORWIN, PATRICIA M  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title T  
Name FISCHER, CORY W  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title D  
Name ROSE, MARGARET  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title D  
Name FURMICK, RYAN  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title VP  
Name KAMER, MATTHEW D  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title D  
Name FISCHER, CODY W  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA M. CORWIN

**SECRETARY**L

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name POLITZI, VICTOR  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title D  
Name MILLER, MICHAEL J  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143