

No. C 191122		Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CBIZ BENEFITS & INSURANCE SERVICES, INC. MARTHA LANGE 6050 OAK TREE BLVD STE 500 CLEVELAND OH 44131		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JEROME P GRISKO, JR.	6050 OAK TREE BLVD., SUITE 500	CLEVELAND	OH	USA	44131	
SECRETARY	MICHAEL W GLEESSEN	6050 OAK TREE BLVD STE 500	CLEVELAND	OH	USA	44131	
PRESIDENT	MICHAEL P KOUZELOS	6050 OAK TREE BLVD., SUITE 500	CLEVELAND	OH	USA	44131	
5. Organized Under the Laws of: MO C 191122		6. Annual Report must be signed.* Signature: Michael W Gleespen Name (type or print): Michael W Gleespen					
		Date: 04/28/2016 Title: Secretary					
Processed 04/28/2016 * Electronically provided signatures are accepted as original signatures.							