

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000004228  
1. Entity Name  
MACINTOSH LAND INVESTMENT CORPORATION



Principal Place of Business 7100 EAST PLEASANT VALLEY ROAD SUITE 300 INDEPENDENCE, OH 44131	Mailing Address 7100 EAST PLEASANT VALLEY ROAD SUITE 300 INDEPENDENCE, OH 44131
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1683912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAREMBA, TIMOTHY 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZAREMBA, NATHAN 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KASMARCAK, JOHN 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAREMBA, WALTER 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80027-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: J. Korman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1-6-04 Daytime Phone #: 216-643-90