

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03883 (8)

1. Corporation Name

S.A. Management Corporation

Principal Place of Business

One Erieview Plaza
Cleveland, OH 44114

Mailing Address

One Erieview Plaza, 2nd Fl.
Cleveland, OH 44114

3. Date Incorporated or Qualified
10/28/1980

3a. Date of Last Report
04/25/95

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

59-2033226

Not Applicable

22

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in charge of filing (check one):

() Officer, Director, Agent, or Signatory of the Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VMD	<input type="checkbox"/> DELETE
NAME	Bryan, William R.	
STREET ADDRESS	One Erieview Plaza	
CITY-ST-ZIP	Cleveland, OH 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Wilcox, David Y.	
STREET ADDRESS	One Erieview Plaza	
CITY-ST-ZIP	Cleveland, OH 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Myers, Sandra L.	
STREET ADDRESS	One Erieview Plaza	
CITY-ST-ZIP	Cleveland, OH 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Steinmetz, Robert F.	
STREET ADDRESS	One Erieview Plaza	
CITY-ST-ZIP	Cleveland, OH 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	Wachter, Cynthia M.	
STREET ADDRESS	One Erieview Plaza	
CITY-ST-ZIP	Cleveland, OH 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

000001791470

-04/23/96--01170--000

***200.00

~~000001791470~~

~~-04/23/96--01170--000~~

~~***2.00~~

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Sandra L. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Sandra L. Myers

4/17/96

(216)348-6172

Registered Clerk #

CR2E034 (12/95)