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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F03883 (8)

1. Corporation Name
S.A. MANAGEMENT CORPORATION



Principal Place of Business: **ONE ERIEVIEW PLAZA -2ND FLOOR CLEVELAND OH 44114**

Mailing Address: **ONE ERIEVIEW PLAZA -2ND FLOOR CLEVELAND OH 44114-1728**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

3. Date Incorporated or Qualified: **10/28/1980**

3a. Date of Last Report: **04/23/1996**

4. FEI Number: **59-2033226**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VMD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, WILLIAM R.	1.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OHIO 00000	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, DAVID Y.	2.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLZ	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OHIO 00000	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, SANDRA L.	3.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLZ	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OHIO 00000	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMETZ, ROBERT F.	4.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLZ	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OHIO 00000	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTER, CYNTHIA M.	5.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLZ	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: *Sandra L. Myers* **Treasurer** 4/11/97 216-771-3556

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)