

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 25 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 #** F96000006563  
 1. Corporation Name  
 WHITEHILL COMPANY

Principal Place of Business      Mailing Address  
 17800 SOUTH PARK BLVD.      SAME  
 SHAKER HTS., OH 44120

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
 DECEMBER 16, 1996      N/A  
 4. FEI Number      Applied For  
 34-0938524      Not Applicable  
 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**  
 C T CORPORATION SYSTEM  
 1200 SOUTH 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      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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/T/D LOUIS WEISBERG 17800 SOUTH PARK BLVD. SHAKER HTS., OH 44120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/S/D DOLORES WEISBERG 17800 SOUTH PARK BLVD. SHAKER HTS., OH 44120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	AS STUART F. KLINE 25825 SCIENCE PARK DR., STE 355 BEACHWOOD, OH 44122-7315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *X Dolores Weisberg* (DOLORES WEISBERG) 7-19-97      216 9313586  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)