

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90114 009 ***150.00

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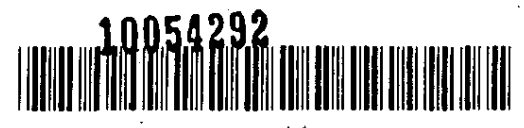
DOCUMENT # F99000004588

1. Entity Name
ALPHA SHIRT COMPANY



Principal Place of Business
**401 EAST HUNTING PARK AVENUE
PHILADELPHIA PA 19124**

Mailing Address
**401 EAST HUNTING PARK AVENUE
PHILADELPHIA PA 19124**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **34-1891095**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> SD NAME BERG, RONALD STREET ADDRESS 809 WALCOTT DRIVE CITY-ST-ZIP PHILADELPHIA PA 19124-6075	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> V NAME FRANK, THOMAS STREET ADDRESS 401 E HUNTING PARK AVE CITY-ST-ZIP PHILADELPHIA PA 19124	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> SD NAME NEILL, RONALD H STREET ADDRESS 1400 MCDONALD INVESTMENT CENTER CITY-ST-ZIP CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> ATD NAME PERRY, STEPHEN B STREET ADDRESS 5900 LANDERBROOK DRIVE CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> D NAME BACON, ERIC V STREET ADDRESS 5900 LANDERBROOK DRIVE CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> D NAME LINSALATA, FRANK N STREET ADDRESS 5900 LANDERBROOK DRIVE CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> D NAME <i>William Schechter</i> STREET ADDRESS <i>1905 E. 6th Street</i> CITY-ST-ZIP <i>Cleveland OH 44114</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME <i>Richard Sims</i> STREET ADDRESS <i>670 Alpha Drive</i> CITY-ST-ZIP <i>Highland Heights, OH 44143</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME <i>Terry Sullivan</i> STREET ADDRESS <i>20600 Chagrin Blvd</i> CITY-ST-ZIP <i>Shaker Heights, OH 44122</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME <i>Allen Menard</i> STREET ADDRESS <i>401 E. Hunting Park Ave.</i> CITY-ST-ZIP <i>Philadelphia, PA 19124</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **SIGNATURE REQUIRED** *3/31/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)