

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

FILED
Feb 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P00646 (0)
 1. Corporation Name
CAMBUM CORPORATION



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| Principal Place of Business 10800 BROOKPARK ROAD CLEVELAND OH 44130 | Mailing Address 10800 BROOKPARK ROAD CLEVELAND OH 44130-1119 |
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| 3. Date Incorporated or Qualified 01/19/1984 | 3a. Date of Last Report 02/14/1996 |
| 4. FEI Number 34-1413332 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 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 FL 85 Zip Code |
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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 | CPD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RATNER, RONALD A | 1.2 NAME | |
| STREET ADDRESS | 10800 BROOKPARK ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEVELAND OH | 1.4 CITY - ST - ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PROHASKA, JAMES | 2.2 NAME | |
| STREET ADDRESS | 10800 BROOKPARK ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEVELAND OH | 2.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PELAVIN, EDWARD | 3.2 NAME | |
| STREET ADDRESS | 10800 BROOKPARK ROAD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEVELAND OH | 3.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERSTMAN, JEROME M | 4.2 NAME | |
| STREET ADDRESS | 10800 BROOKPARK ROAD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEVELAND OH | 4.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YARUS, KENNETH | 5.2 NAME | |
| STREET ADDRESS | 10800 BROOKPARK ROAD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEVELAND OH | 5.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, SAM | 6.2 NAME | |
| STREET ADDRESS | 10800 BROOKPARK RD. | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEVELAND OH | 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, changed, or on an attachment with an address.

SIGNATURE: *X M* _____ Date: **1/31/97** Daytime Phone #: **216-267-1800**

CR2E034 (9/96)