

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00646 (0)

1. Corporation Name
CAMBIUM CORPORATION



Principal Place of Business 10800 BROOKPARK ROAD CLEVELAND OH 44130	Mailing Address 10800 BROOKPARK ROAD CLEVELAND OH 44130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 730 TERMINAL TOWER Suite, Apt. #, etc.		2a. Mailing Address 26 730 TERMINAL TOWER Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/19/1984	
22 50 PUBLIC SQ. City & State		27 50 PUBLIC SQ. City & State		4. FEI Number 34-1413332	
23 CLEVELAND, OH Zip		28 CLEVELAND, OH Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 44113		29 44113		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, RONALD A	1.2 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	1.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROHASKA, JAMES	2.2 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	2.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELAVIN, EDWARD	3.2 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	3.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERSTMAN, JEROME M	4.2 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	4.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARUS, KENNETH	5.2 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	5.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAM	6.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD.	6.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	6.4 CITY-ST-ZIP	CLEVELAND, OH 44113

14. 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 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:  **4/24/98** 216/621-6060

CR2E034 (10/97)