

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90051 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00646

1. Corporation Name
CAMBIUM CORPORATION

Principal Place of Business 730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US	Mailing Address 730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/19/1984	Applied For Not Applicable
4. FEI Number 34-1413332	
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 owes the current year Intangible Personal Property Tax. <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	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 _____ (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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATNER, RONALD A	1.2 NAME	James T. Brady
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	1.3 STREET ADDRESS	1100 Terminal Tower, 50 Public Square
CITY-ST-ZIP	CLEVELAND OH 44113	1.4 CITY-ST-ZIP	Cleveland, Ohio 44113
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROHASKA, JAMES	2.2 NAME	Charles A. Ratner
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	2.3 STREET ADDRESS	1100 Terminal Tower, 50 Public Square
CITY-ST-ZIP	CLEVELAND OH 44113	2.4 CITY-ST-ZIP	Cleveland, Ohio 44113
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	1100 TERMINAL TOWER, 50 PUBLIC SQ	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERSTMAN, JEROME M	4.2 NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARUS, KENNETH	5.2 NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAM	6.2 NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: X _____ DATE: 4/22/99 DAYTIME PHONE #: 216-621-6060

CR2E034 (1/98)