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# Mar 20 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 # **P22945** **(0)**

1. Corporation Name
**IMPERIAL OPERATIONS CORP.**

Principal Place of Business
**6140 PARKLAND BLVD**
**MAYFIELD HEIGHTS OH 44124**

Mailing Address
**6140 PARKLAND BLVD**
**MAYFIELD HEIGHTS OH 44124-4187**

3. Date Incorporated or Qualified: **02/10/1989**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: **34-1603214** ☐ Applied For ☐ 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

**BANICK, RICHARD S.**
**175 NORTHWEST FIRST AVE.**
**COURTHOUSE CENTER, 11TH FLOOR**
**MIAMI FL 33128-1817**

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: D | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME: TOMISCH, ROBERT, J | | 1.2 NAME | |
| STREET ADDRESS: 445 COCONUT PALM RD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP: BOCA RATON FL | | 1.4 CITY-ST-ZIP | |
| TITLE: VS | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME: NEHRIG, RALPH L. | | 2.2 NAME | |
| STREET ADDRESS: 29 OAK SHORE DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP: BRATENAHL OH | | 2.4 CITY-ST-ZIP | |
| TITLE: P | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME: TOMSICH, JOHN | | 3.2 NAME | |
| STREET ADDRESS: 6140 PARKLAND BLVD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP: MAYFIELD HTS OH | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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:** Ralph Nehrig RALPH NEHRIG FEB 24 1997 216-461-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #