

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90225 015 ***150.00

19/9590
 DS

DOCUMENT # P96000071740
 1. Entity Name
FC - NORTH 29, INC.

Principal Place of Business Mailing Address
730 TERMINAL TOWER, 50 PUBLIC SQ **730 TERMINAL TOWER, 50 PUBLIC SQ**
CLEVELAND OH 44113 **CLEVELAND OH 44113**
US **US**

00000300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
34-1842235 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MONCHEIN, ROBERT
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	VT <input type="checkbox"/> Delete
NAME	MILLER, SAMUEL H.
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	S <input type="checkbox"/> Delete
NAME	SMITH, THOMAS G.
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RATNER, ALBERT B
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RATNER, CHARLES A
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MILLER, SAMUEL H
STREET ADDRESS	1100 TERMINAL TOWER 50 PUBLIC SQ
CITY-ST-ZIP	CLEVELAND OH 44113

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	Cleveland, OH 44113
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Samuel H. Miller* **3/29/02** (216) 621-6060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)