


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 PM 3:48

DOCUMENT # P96000071740

1. Entity Name  
FC - NORTH 29, INC.



Principal Place of Business  
1160 TERMINAL TOWER, 50 PUBLIC SQ  
CLEVELAND, OH 44113 US

Mailing Address  
1160 TERMINAL TOWER, 50 PUBLIC SQ  
CLEVELAND, OH 44113 US



05042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1842235

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

600037064826  
05/25/04--01007--003 \*\*150.00  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONCHEIN, ROBERT
STREET ADDRESS	1160 TERMINAL TOWER
CITY - ST - ZIP	CLEVELAND, OH 44113
TITLE	VT
NAME	MILLER, SAMUEL H.
STREET ADDRESS	1160 TERMINAL TOWER
CITY - ST - ZIP	CLEVELAND, OH 44113
TITLE	S
NAME	SMITH, THOMAS G.
STREET ADDRESS	1160 TERMINAL TOWER
CITY - ST - ZIP	CLEVELAND, OH 44113
TITLE	AS
NAME	ORNSTEIN, WARREN K
STREET ADDRESS	1160 TERMINAL TOWER
CITY - ST - ZIP	CLEVELAND, OH 44113
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04 Date

216-621-6060 Daytime Phone #

Thomas G. Smith, Secretary