FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90567 027 ***150.00

DOCUMENT # 330567

1. Entity Name
MHI GROUP, INC.

DO NOT WRITE IN THIS SPACE

759124

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
311 ELM STREET		2225 SHEPPARD AVE. E.	
Suite, Apt. #, etc. SUITE 1000		Suite, Apt. #, etc. SUITE 1100	
City & State CINCINNATI, OH		City & State TORONTO, ONTARIO	
Zip 45202	Country U.S.A.	Zip M2J 5C2	Country CANADA

4. FEI Number 59-1214129 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City PLANTATION **FL** Zip Code 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	PAUL A. HOUSTON	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON M2J 5C2 CANADA	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	LAUREL J. LANGFORD	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	LAUREL J. LANGFORD	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	JOSEPH T. HARDIMAN	NAME	
STREET ADDRESS	311 ELM STREET, SUITE 1000	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JEFFREY LOWE	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	WILLIAM TOTTLE	NAME	
STREET ADDRESS	1100 - 2225 SHEPPARD AVE. E.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ON CANADA M2J 5C2	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: L. Langford LAUREL J. LANGFORD 03/26/02 (416) 498-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 2/26/2002 C T System Online