

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90046 004 \*\*\*150.00

**DOCUMENT # 807682**

1. Entity Name

**PRICE BROTHERS COMPANY**

Principal Place of Business

Mailing Address

367 WEST SECOND ST.  
 P.O. BOX 825  
 DAYTON OHIO 45401

367 WEST SECOND ST.  
 P.O. BOX 825  
 DAYTON OHIO 45401-0825

2. Principal Place of Business

3. Mailing Address

*333 WEST FIRST ST, SUITE 700*  
 Suite, Apt. #, etc.  
*P.O. Box 825*

*333 WEST FIRST ST, SUITE 700*  
 Suite, Apt. #, etc.  
*P.O. Box 825*

City & State

City & State

*DAYTON OH*

*DAYTON OH*

Zip

Country

Zip

Country

*45401*

*USA*

*45401*

*USA*

4. FEI Number

**31-0411230**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	CLIFT, JAMES B	
STREET ADDRESS	46 BRIAR HILL LANE	
CITY-ST-ZIP	DAYTON OH	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	STOCKTON, LEE	
STREET ADDRESS	852 BARNHART, 20	
CITY-ST-ZIP	TROY OH 45373	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVERS, BRADLEY W	
STREET ADDRESS	1734 WEATHERED WOOD TRAIL	
CITY-ST-ZIP	CENTERVILLE OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAPE, LESLIE D	
STREET ADDRESS	9009 S NORMANDY LANE	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TREMBLAY, ARMAND W	
STREET ADDRESS	445 DUNNEGAN DR	
CITY-ST-ZIP	VANDALIA OH 45377	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAUL, STEVEN M	
STREET ADDRESS	5625 ROYALWOOD DR	
CITY-ST-ZIP	DAYTON OH 45429	

TITLE	PRESIDENT	<input checked="" 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		
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		
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 [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VP : CFO*

4-7-2000

Date

937-226-8949

Daytime Phone #

CR2E034 (9/99)