

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90011 013 ***150.00

DOCUMENT # F92000000734

1. Entity Name
NATIONAL REALTY MANAGEMENT, INC.

Principal Place of Business Mailing Address
7800 E KEMPER ROAD #300 CINCINNATI OH 45249 US

B0000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **7800 E Kemper Rd**
 Suite, Apt. #, etc.

3. Mailing Address **7800 E Kemper Rd**
 Suite, Apt. #, etc.

City & State **Cincinnati, OH**
 Zip **45249** Country **US**

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4. FEI Number **31-1285260** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STEET
 TALLAHASSEE FL 32301**

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 _____
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DSTV SCHULER, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS	7800 E KEMPER ROAD	
CITY-ST-ZIP	CINCINNATI OH 45249	
TITLE NAME	P CARPENTER, JEFFREY W	<input type="checkbox"/> Delete
STREET ADDRESS	7800 E KEMPER ROAD	
CITY-ST-ZIP	CINCINNATI OH 45249	
TITLE NAME	V BRETT, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS	7800 E KEMPER ROAD	
CITY-ST-ZIP	CINCINNATI OH 45249	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DCSTV Schuler Robert E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7800 East Kemper Rd	
CITY-ST-ZIP	Cincinnati, OH 45249	
TITLE NAME	V Brett, William R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2500 Sardis Rd. North, Ste 210	
CITY-ST-ZIP	Charlotte, NC 28227	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert E. Schuler **ROBERT E. SCHULER** 4/25/02 (513)469-5113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)