2000 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2000 8:00 am Secretary of State DOCUMENT # F94000000608 1. Entity Name FACS GROUP, INC. 02-09-2000 90370 001 *1,650.00 Principal Place of Business Mailing Address 4705 DUKE DRIVE C/O FEDERATED CORPORATE SERVICES. INC MASON OH 45040 7 WEST SEVENTH STREET CINCINNATI OH 45202-2424 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 31-1397510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 $\overline{\mathsf{CD}}$ TITLE ☐ Delete TITLE ☐ Addition ZIMMERMAN, JAMES M NAME 7 WEST SEVENTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CINCINNATI OH **DVS** TITLE Delete TITLE ☐ Change Addition SIMS, JOHN R NAME NAME 7 WEST SEVENTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BRODERICK, DENNIS J NAME NAME 7 WEST SEVENTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CINCINNATI OH 45202 □ Delete ☐ Change ☐ Addition TITLE TITLE NAME AMANN, JAMES NAME STREET ADDRESS 4705 DUKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MASON OH 45040 V/T tas ☐ Delete TITLE XI Change Addition TITI E HOGUET, KAREN NAME Karen M. Hoguet NAME 7 WEST SEVENTH ST. STREET ADDRESS STREET ADDRESS 7 West Seventh Street CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH Cincinnati, OH 45202 AS ☐ Delete TITLE Change Addition TITLE COX, JACK NAME STREET ADDRESS 7 W 7TH STREET STREET ADDRESS CINCINNATI OH CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: 1/13/00 (513) 579-7311
SIGNATURE AND TYPED OR STUTE THAT OF STIGNING OFFICER OR DIRECTOR Date Destruction of Destru

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 impowered.