

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91326 030 \*\*\*150.00

**DOCUMENT # F94000002905**

1. Entity Name  
EXCELLENCE IN MOTIVATION INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6 NORTH MAIN ST.,

3. Mailing Address  
6 NORTH MAIN ST.,

Suite, Apt. #, etc.  
STE. 370

Suite, Apt. #, etc.  
STE. 370

DO NOT WRITE IN THIS SPACE

City & State  
DAYTON, OH

City & State  
DAYTON, OH

4. FEI Number  
31-1387432

Applied For  
Not Applicable

Zip Country  
45402-1908 USA

Zip Country  
45402-1908 USA

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  
THE PRENTICE-HALL CORPORATION SYSTEM,  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS ST., STE 105

City TALLAHASSEE FL Zip Code 32301

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)

**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 NAME STREET ADDRESS CITY - ST - ZIP	CP THOMAS, JARRETT N 1300 BRITTANY HILLS DR DAYTON, OH 45459	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEBALY, JON 31 WALNUT LANE DAYTON, OH 45419	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT KERNAN, JOHN E. III 124 ACACUA DRIVE DAYTON, OH 45409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ROBERT 2873 CIRCLEWOOD LANE SPRING VALLEY, OH 45370	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PIERCE, EUGENE A. 10636 FALLS CREEK LANE CENTERVILLE, OH 45458	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *John E. Kernan, III* JOHN E. KERNAN, III, CPA 05.02.02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)