

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90139 044 ***150.00

0640223 AT

DOCUMENT # F94000002905

1. Entity Name
EXCELLENCE IN MOTIVATION, INC.



Principal Place of Business
**6 NORTH MAIN ST., STE. 370
DAYTON OH 45402**

Mailing Address
**6 NORTH MAIN ST., STE. 370
DAYTON OH 45402**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1387432**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PRENTICE - HALL CORPORATION SYSTEM, INC.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	THOMAS, JARRETT N	
STREET ADDRESS	1300 BRITTANY HILLS DR.	
CITY-ST-ZIP	DAYTON OH 45459	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEBALY, JON	
STREET ADDRESS	31 WALNUT LANE	
CITY-ST-ZIP	DAYTON OH 45419	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KERNAN, JOHN E	
STREET ADDRESS	124 ACACUA DRIVE	
CITY-ST-ZIP	DAYTON OH 45409	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT	
STREET ADDRESS	2873 CIRCLEWOOD LANE	
CITY-ST-ZIP	SPRING VALLEY OH 45370	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, EUGENE A	
STREET ADDRESS	10636 FALLS CREEK LANE	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE		<input type="checkbox"/> Delete
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. KERNAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.03 (937)222-2900

Date Daytime Phone #

CR2E034 (10/02)