## FILED 2031 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am DOCUMENT # F9400005843 Secretary of State 1. Entity Name BANC STOCK FINANCIAL SERVICES, INC. 05-04-2001 90069 043 \*\*\*150.00 Principal Place of Business Mailing Address 1105 SCHROCK RD 1105 SCHROCK RD 547807 SUITE 437 SUITE 437 COLUMBUS OH 43229 COLUMBUS OH 43229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1315523 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change Addition Delete TITLE TITLE NAME NAME REILLY: ANTHONY STREET ADDRESS STREET ADDRESS 1105 SCHROCK RD STE 437 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH Delete TITLE ☐ Change ☐ Addition TITLE VID GUIRLINGER, MICHAEL E NAME NAME STREET ADDRESS STREET ADDRESS 1105 SCHROCK RD STE 437 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH フ<del>レー</del> ---TITLE Addition TITLE ☐ Defete NAME QUINN, SANDRA L STREET ADDRESS STREET ADDRESS 1105 SCHROCK RD STE 437 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH Delete **VPC** ☐ Change ☐ Addition HUNTER, LISA R STREET ADDRESS STREET ADDRESS 1105 SCHROCK RD. STE 437 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43229 TITLE VΡ Delete TITLE ☐ Change Addition NAME DAVIS, MARK NAME STREET ADDRESS 1150 SCHROCK RD. STE 437 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43229 Change **CFOV** ☐ Delete ☐ Addition TITLE TITLE NAME BARTON, JEFFREY C NAME STREET ADDRESS STREET ADDRESS 1105 SCHROCK RD STE. 437 CITY-ST-ZIP CITY-ST-7IP COLUMBUS OH 43229

3. 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: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Day Imp Phone #