

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 24, 2000 8:00 am
Secretary of State

04-22-2000 90001 038 ***150.00

DOCUMENT # F99000000070

1. Entity Name
REDKEY, INC.

Principal Place of Business Mailing Address
GLENDON CT 5555 GLENDON CT
OH 43016 DUBLIN OH 43016-3249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7000 Cardinal Place 7000 Cardinal Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Dublin OH Dublin OH
 Zip Country Zip Country
43017 U.S.A. 43017 U.S.A.

4. FEI Number **31-1470544** 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 STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	C	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT D	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KANE, JOHN C	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLAR, JAMES F	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, GEORGE H JR	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	VCIO	<input type="checkbox"/> Delete
NAME	GRETH, PHILIP A	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, MARK W	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bennett, Steven A.	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Richard J.	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn L. Martin	
STREET ADDRESS	V.P. Taxes	
CITY-ST-ZIP	7000 Cardinal Place	
	Dublin, OH 43017	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Glenn L. Martin V.P. Taxes** 4/12/00 614-757-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #