

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90036 032 ***150.00

DOCUMENT # F99000000070

1. Entity Name
REDKEY, INC.

Principal Place of Business: **7000 CARDINAL PLACE DUBLIN OH 43017**
 Mailing Address: **7000 CARDINAL PLACE DUBLIN OH 43017**

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

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE.

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, 2002 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|--|--|
| TITLE: C NAME: WALTER, ROBERT D STREET ADDRESS: 7000 CARDINAL PLACE CITY-ST-ZIP: DUBLIN OH 43017 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: MILLER, RICHARD J STREET ADDRESS: 7000 CARDINAL PLACE CITY-ST-ZIP: DUBLIN OH 43017 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: P NAME: MILLAR, JAMES F STREET ADDRESS: 7000 CARDINAL PLACE CITY-ST-ZIP: DUBLIN OH 43017 | <input checked="" type="checkbox"/> Delete | TITLE: President NAME: Gordon A. Troup STREET ADDRESS: 7000 Cardinal Place CITY-ST-ZIP: Dublin, OH 43017 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VS NAME: BENNETT, STEVEN A STREET ADDRESS: 7000 CARDINAL PLACE CITY-ST-ZIP: DUBLIN OH 43017 | <input type="checkbox"/> Delete | TITLE: Chief legal officer + Secretary NAME: Paul S. Williams STREET ADDRESS: 7000 Cardinal Place CITY-ST-ZIP: Dublin, OH 43017 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VT NAME: MILLER, RICHARD J STREET ADDRESS: 7000 CARDINAL PLACE CITY-ST-ZIP: DUBLIN OH 43017 | <input type="checkbox"/> Delete | TITLE: Senior vice President + Treasurer NAME: BRANDI W DONNA STREET ADDRESS: 7000 Cardinal Place CITY-ST-ZIP: Dublin, OH 43017 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: MARTIN, GLENN L STREET ADDRESS: 7000 CARDINAL PLACE CITY-ST-ZIP: DUBLIN OH 43017 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowered.

SIGNATURE: **Donna Brandin** **SIGNATURE REQUIRED** Date: **4-30-02** Daytime Phone #: **614-457-5000**

11/01/2002