

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90023 012 ***150.00

DOCUMENT # F99000000375

1. Entity Name
GLOBE BUSINESS RESOURCES, INC.

Principal Place of Business 11260 CHESTER ROAD SUITE 400 CINCINNATI OH 45246	Mailing Address 11260 CHESTER ROAD SUITE 400 CINCINNATI OH 45246-4052
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2. Principal Place of Business 7081 GRAND NATIONAL DR Suite, Apt. #, etc. # 107	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State
Zip 32819	Country #AMILTON

4. FEI Number 31-1256641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BELLIZZI, DINA
1062 B EAST MICHIGAN
ORLANDO FL 32806

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 NAME STREET ADDRESS CITY-ST-ZIP	CD HOGUET, DAVID D 740 CREVELLINGS LANE CINCINNATI OH 45226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELLER, BLAIR D 8219 N. 74TH PLACE SCOTTSDALE AZ 85258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISEL, ALVIN Z 7915 WILLOWRIDGE LANE CINCINNATI OH 45237 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISE, THOMAS C 7798 N. FOOTHILL DRIVE SOUTH PARADISE VALLEY AZ 85253 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PEDERSON, JEFFERY D 11260 CHESTER ROAD CINCINNATI OH 45246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT KEBE, SHARON 11260 CHESTER ROAD CINCINNATI OH 45246 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MYRON D. WOLF III 11260 CHESTER ROAD CINCINNATI, OH 45246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Myron D. Wolf III Secretary / Asst Treas 4/14/00 - 513-771-8287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #