## FOR PROFIT CORPORATION . **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # PO 88 7				05-24-2002 91332 026 ***150.00
1	DEM, INC.		V	•
		DI WRITE IN THIS SPACE  AK Road  3. Mailing Address 5095 (RookSHANK Road)  Suite Apt #. etc.  City & State Cincinnati USA  4. FEI Number (al - 0.7 270.96  Not Applied For Not		
	DO NOT WRITE	IN THIS S	PACE	
	erabere en en betret en pr Socialista			
	Place of Business		HANK ROAN	
Suite, Apr				DO NOT WRITE IN THIS SPACE
City & Sta			Altia	
Zip 4523	Country	Zip	Country	5 Certificate of Status Desired . \$8.75 Additional
131	oo i uaa aasaan aasaan	EIN THIS SPACE  3. Mailing Address  5095 CRookshank Road  Suite, Apt. #, etc.  City & State Cincinnati, OHio Country 45238  Country 45238  Country 45238  To Name and Address of Current Registered Agent Name CT CoRPORATion SYSTEM  Street Address (P.O. Box Number is Not Acceptable)  Face  1200 S. Pine Island Road  City Plantation  FL Zip Code 333324  To the purpose of changing its registered office or registered agent, or both, in the State of Flonds.  Indie Beginner Agent System  After May 1 Fee its \$150.00  After May 1 Fee its \$150.		
	NAME OF THE PARTY OF THE PARTY OF THE PARTY.	real of marin gram	Name CT	CORPORATION SYSTEM
			Street Address	
g S Gold a mangkay	: IN THIS SP	ACE	120	S. PINE TSLAND ROAD
		energi i marenda	City of	
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 Flonda.				
	•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE
9. This corp	oration is eligible to satisfy its Intangible			
, ~	requirement and elects to do so.	Amende	d UBR is \$81.25	Trust Fund Contribution.   Added to Fees
11.	OFFICERS AND E		ne to peparmentonota	
TITLE	Treasurer		TITLE	
NAME STREET ADDRESS	KERR, Susan 1035 Eversole		NAME STDEETANDORS	complete parallel to be a second an execution
CITY-ST-ZIP	CINCINNATI, CHIO		\$14.5 X 14.5 X 15.5	
TITLE	VICE PRESIDENT		27 700 000 200 000 000 000 000 000 000 0	
NAME	DIENER, JEFFREY		the state of the s	in a constant being part bloods in the con-
STREET ADDRESS	4351 HUTCHINSON GIEN		SOMEOGRAM PROGRAMMENT TO A SECURE	
CITY-ST-ZIP	Cincinnati Ottio		CITY-ST-ZIP det	A THE CONTROL OF THE
,TITLE NAME	President			ie wast of restauding books (Cooke Lui Wildere Bure)
STREET ADDRESS	DIENER, Christopher 8110 North Hogan Road		Process Appropriate States	
CITY-ST-ZIP	AUTOTA, INDIANA		3245 C 34 See 3 3 Ken 31	THE DO NOT WRITE SEEDING
TITLE	SECRETARY		inter 42 September 2002 and	WINTERCOACE 4
name	FINKE, NANCY ZZOO QUAIL RUN FAM LANE		NAVE	······································
STREET ADDRESS				Kali Primo o kalendroj parižana, si razavilo napasisa sa
CITY-ST-ZIP	CINCINNATI, BHIO		ine S x 2	
TITLE				
NAME		· .		and the control of th
NAME STREET ADDRESS		•	NAME 9,2 5 STREET ADDRESS (2) 64	
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STREET ADDRESS		•	NAMES T STREET ADDRESS A	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		·	NAME STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   NAME   NAME	
STREET ADDRESS CITY-ST-ZIP TITLE			NAME STREET ADDRESS (CTY-ST-ZIP)	

Indexection (19.07(3)(i). Florida Statutes, further certify that the information stated in Section (19.07(3)(i). Florida Statutes, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \(\(\frac{1}{2}\)

SUSAN D. Ke SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan D. Kem

4-30-02

Date

Daytime Phone ≠

513-902-6140