

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90111 013 \*\*\*150.00

**DOCUMENT # P08872**

1. Entity Name  
**RODEM INC.**



Principal Place of Business  
**5095 CROOKSHANK RD  
CINCINNATI OH 45238**

Mailing Address  
**5095 CROOKSHANK RD  
CINCINNATI OH 45238**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-0727096**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_  
NAME **KERR, SUSAN** ☐ Delete  
STREET ADDRESS **1035 EVERSELE**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
☐ Change ☐ Addition

V TITLE \_\_\_\_\_  
NAME **DIENER, JEFFREY** ☐ Delete  
STREET ADDRESS **4351 HUTCHINSON GLEN**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
☐ Change ☐ Addition

P TITLE \_\_\_\_\_  
NAME **DIENER, CHRISTOPHER** ☐ Delete  
STREET ADDRESS **8110 NORTH HOGAN ROAD**  
CITY-ST-ZIP **AURORA IN**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
☐ Change ☐ Addition

SD TITLE \_\_\_\_\_  
NAME **FINKE, NANCY D** ☐ Delete  
STREET ADDRESS **2200 QUAIL RUN FARM LANE**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS **120 Fieldbrook Road**  
CITY-ST-ZIP **MADISON, CONNECTICUT 06443**  
☒ Change ☐ Addition

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
☐ Change ☐ Addition

TITLE \_\_\_\_\_  
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CITY-ST-ZIP \_\_\_\_\_  
☐ Delete

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Susan D. Kerr* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **4-30-03** **Daytime Phone #** **513-922-6140**

CR2E034 (10/02)