## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P26716** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** NEW BREMEN INVESTMENTS INC. 02-26-2000 90016 012 \*\*\*150.00 Principal Place of Business Mailing Address 40 SOUTH WASHINGTON ST. 40 SOUTH WASHINGTON ST. NEW BREMEN OH 45869-1247 NEW BREMEN OH 45869 LUGGOOOG 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 34-1592840 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition CEOD ☐ Delete NAME DICKE, JAMES F. STREET ADDRESS STREET ADDRESS 40 S. WASHINGTON ST. CITY-ST-ZIP CITY-ST-ZIP **NEW BREMEN OH** PTD Delete ☐ Change ☐ Addition NAME NAME DICKE, JAMES F., II STREET ADDRESS STREET ADDRESS 40 S. WASHINGTON ST. CITY-ST-ZIP CITY-ST-ZIP **NEW BREMEN OH** ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME DICKE, JAMES F., III STREET ADDRESS STREET ADDRESS 40 S. WASHINGTON ST. CITY-ST-7IP CITY-ST-ZIE NEW BREMEN OH ☐ Delete ☐ Addition TITLE TITLE NAME SMITH, BRADLEY L. NAME STREET ADDRESS STREET ADDRESS 40 S. WASHINGTON ST. CITY-ST-ZIP CITY-ST-ZIP **NEW BREMEN OH** ☐ Addition ☐ Change ☐ Delete TITLE TITLE AS NAME NAME HERR, J. MICHAEL STREET ADDRESS STREET ADDRESS 40 S. WASHINGTON ST. CITY-ST-ZIP CITY-ST-7IP **NEW BREMEN OH** ☐ Change ☐ Addition ☐ Delete TITLE TITLE AS BORNHORST, ROGER L NAME NAME STREET ADDRESS 40 SOUTH WASHINGTON ST. STREET ADDRESS I CITY-ST-ZIP CITY-ST-ZIP **NEW BREMEN OH 45869**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

419-629-2311

Daytime Phone #

CR2E034 (9/9