

# 2001 UNIFORM BUSINESS REPORT (UBR)

C-237

**DOCUMENT # P29275**

1. Entity Name

**THE SYGMA NETWORK, INC.**

**FILED**

**01 JAN 17 PM 12:18**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4265 DIPLOMACY DRIVE  
COLUMBUS OH 43228

4265 DIPLOMACY DRIVE  
COLUMBUS OH 43228

2. Principal Place of Business

3. Mailing Address

5550 BLAZER PARKWAY

5550 BLAZER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 300

# 300

City & State

City & State

Dublin, OHIO

Dublin, OH

Zip

Country

Zip

Country

43017

USA

43017

U.S.A.

4. FEI Number

76-0254608

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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  Delete  
NAME **V**  
STREET ADDRESS **NICHOLS, MICHAEL C**  
CITY-ST-ZIP **12155 MAPLE ROCK HOUSTON TX 77077**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD**  
STREET ADDRESS **MARSHALL, GREGORY K.**  
CITY-ST-ZIP **8 WEXFORD CT HUDSON TX**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V**  
STREET ADDRESS **DEASEY, STEPHEN M.**  
CITY-ST-ZIP **5617 PRESWICK DR DUBLIN OH**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T**  
STREET ADDRESS **EPPLE, RONALD H**  
CITY-ST-ZIP **3929 FAIRLINGTON COLUMBUS OH**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 reports 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

Date

Daytime Phone #

*[Handwritten Signature]* CFO

1-04-01

**KE**

CR2E034 (10/00)