2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State **DOCUMENT #** P96000067896 1. Entity Name PHOENIX APPAREL, INC. 05-05-2002 90079 010 ***150.00 Principal Place of Business Mailing Address 2370 INTERNATIONAL STREET 2370 INTERNATIONAL STREET **COLUMBUS OH 43228** COLUMBUS OH 43228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0697978 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) BRADSHAW, JEFFERY NAME NAME STREET ADDRESS 2370 INTERNATIONAL STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43228 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME LAUFERSWEILER, MARK H NAME STREET ADDRESS 2370 INTERNATIONAL STREET STREET ADDRESS CITY-ST-ZIF COLUMBUS OH 43228 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BARR, JOHN, NAME STREET ADDRESS 2370 INTERNATIONAL STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43228 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 with all other like empowered.

SIGNATURE

Daytime Phone #