

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000111201

**Entity Name:** C.Q. INSULATION, INC.**Current Principal Place of Business:**8806 VENTURE COVE  
TEMPLE TERRACE, FL 33637**Current Mailing Address:**495 SOUTH HIGH STREET, SUITE 50  
COLUMBUS, OH 43215 US**FEI Number:** 20-0289994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:** PAMELA A. HENSON

04/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MILLER, MICHAEL T  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title SECRETARY  
Name MCBRIDE, SHELLEY A  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title ASST. SECRETARY  
Name HENSON, PAMELA A  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title PRESIDENT  
Name EDWARDS, JEFFREY W  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title VP, CFO  
Name MILLER, MICHAEL T  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title TREASURER  
Name LYONS, SCOTT W  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title CHIEF ACCOUNTING OFFICER  
Name FRY, TODD R  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

Title COO  
Name ELLIOTT, JAY P  
Address 495 SOUTH HIGH STREET, SUITE 50  
City-State-Zip: COLUMBUS OH 43215

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAMELA A. HENSON**ASSISTANT SECRETARY** 04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date