

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 330567

Entity Name: MHI GROUP, INC.

FILED  
Jan 13, 2003  
Secretary of State

## Current Principal Place of Business:

311 ELM STREET  
SUITE 1000  
CINCINNATI, OH 45202

## New Principal Place of Business:

## Current Mailing Address:

2225 SHEPPARD AVENUE EAST  
ATRIA NORTH III- 11TH FLOOR  
TORONTO, ONTARIO M2J 5C2, CA

## New Mailing Address:

2225 SHEPPARD AVENUE EAST  
ATRIA NORTH III- 11TH FLOOR  
TORONTO, ONTARIO, CA M2J 5C2 CA

FEI Number: 59-1214129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: STAM, BRADLEY D  
Address: 1100-2225 SHEPPARD AVE E  
City-St-Zip: TORONTO, ON CANADA, M2J 5C2 CA

Title: VP ( ) Delete  
Name: MATHEWES, J.C. O  
Address: 1680 METROPOLITAN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: AS ( ) Delete  
Name: ANGELES, AZALEA K  
Address: 1100-2225 SHEPPARD AVE E  
City-St-Zip: TORONTO, ON CANADA, M2J 5C2 CA

Title: P ( ) Delete  
Name: HOUSTON, PAUL A  
Address: 1100 2225 SHEPPARD AVE E  
City-St-Zip: TORONTO, ON M2J 5C2, CA

Title: ST ( ) Delete  
Name: LANGFORD, LAUREL J  
Address: 1100 2225 SHEPPARD AVE E  
City-St-Zip: TORONTO, ON M2J 5C2, CA

Title: V ( ) Delete  
Name: HARDMAN, JOSEPH T  
Address: 311 ELM STREET, SUITE 1000  
City-St-Zip: CINCINNATI, OH 45202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: TOTTLE, WILLIAM  
Address: 1100-2225 SHEPPARD AVE E  
City-St-Zip: TORONTO, ON, CA M2J 5C2 CA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAUREL LANGFORD

ST

01/13/2003

Electronic Signature of Signing Officer or Director

Date