## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Jul 04, 2002 8:00 am Secretary of State 05-24-2002 91333 017 \*\*\*150.00

	MENT # 44852		03-24-2002 91333 017 ** 130.00					
Sur	iglass Hot Trading	(orporation		/				
	DO NOT WRITE		PAC	E		A 23 F	" A Å	
	Place of Business OURTHOU'S HILL LOYIVE	3. Mailing Address 8650 Governors H.II Drive			96504			
Suite, Apt. #, etc.		ASuite, Apt. #, etc. Attn: Corporate Tax Dept			DO NOT WRITE IN THIS SPACE			
City & State Cincinnat; OH		City & State Cincinnati Otl			4. FEI Number Applied For 59 – 1545 845 Not Applicable			
Zip Country U.S.		Zip 45249	کن کن		5. Certificate of Status Desired \$8.75 Additional Fee Required			
				7. Name and Address of Current Registered Agent Name				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE					South Pine Island R	oad		
			City Planto	ition F	L Zip	Code 33324		
Tax filing ( (See crite	Signature, typed or printed name of registered agent a portation is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	January 1 - M After May Amende Make Check Payab	ay 1 F 1, Fee 1 UBR	is \$550.00 is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	, <b>\$</b>	5.00 May Be dded to Fees	
11.	Director	DIRECTORS	117					
TITLE NAME	Leonardo Del Vecchio			± Æ			EDENAM (12,0)	
STREET ADDRESS CITY-ST-ZIP	•			EET ADDRÉSS (+ST+ZIP				
TITLE	Director			E			225	
NAME	claudio Del Vecchio 44 Harbor Park Drive			Œ			Č	
STREET ADDRESS CITY-ST-ZIP	Port washington, NY 1/050			EET ACORESS 1-ST-2IP				
THTLE	Roberto Chemello - Director			f .				
NAME				4				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			EE! ADDRESS	DO NOT WRITE			
CITY - ST - ZIP	Port Washington, NY 11050			(-21-Mg				
title Name	Farl Chittord Borton II			E E	IN THIS SPACE			
STREET ADDRESS	146.8			ET ADORESS				
CITY-ST-ZIP	Cincinnati, OH 45249			-ST-ZIP				
TITLE	CFO			f				
NAME STREET ADDRESS	Jack Dennis			E ECT ADMOZOF				
STREET ADDRESS CITY-ST-ZIP	12610 00001101 4 11			ET ADDRESS - ST-ZIP				
TITLE Assistant Contiller			m					
NAME Liz 1): Grandomenico			NAN					
STREET ADDRESS 8650 GOVERNOY 5 HILL Drive			STR	EET ADDRESS				
CITY-ST-ZIP. Cincinnati, OH 45249				-\$1-20P				
13. I hereby of indicated of the col	certify that the information supplied with lon this report or supplemental report is rporation or the receiver or fustee amo	this filing does not qualify for true and accurate and that no owered to execute this repor	the exe ny signa t as rec	mption stated in Se ture shall have the s uired by Chapter 60	ction 119.07(3)(i), Florida Statutes. I further o same legal effect as if made under oath; that D7, Florida Statutes; and that my name appe	ertify that t I am an off ars in Bloc	he information icer or director ik 11 or on an	

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