## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # 807382 1. Entity Name CENTRAL OIL ASPHALT CORPORATION 03-20-2000 90131 016 \*\*\*150.00 Mailing Address Principal Place of Business 8 EAST LONG ST. B EAST LONG ST. COLUMBUS OH 43215 COLUMBUS OH 43215-2914 กิบีบอันบิอัก 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Room 400 Room 400 Applied For City & State City & State 4. FEI Number 31-0675788 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After M/AY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITLE ☐ Delete KNOWLTON, C. H., JR. NAME NAME **8 EAST LONG STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH Change ☐ Addition ☐ Delete TITLE SHAFER, F. L. NAME **8 EAST LONG STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COLUMBUS OH** CITY-ST-ZIP Change Addition TITLE ☐ Delete MCSWINEY, DANIEL NAME NAME MACKENSIE AVE STREET ADDRESS STREET ADDRESS WESTLAND MI CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LEE. ROBERT W NAME NAME 1014 DUBLIN ROAD STREET ADDRESS STREET ADDRESS COLUMBUS OH CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE MCSWINEY, JOHN-PAUL NAME NAME 161 CANDLEWYCK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEWINGTON CO** CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-15-2000 614-224-8111