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

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # 812312 1. Entity Name				05-24-2002 91386 038 ***150.00	
1	-STANDARD AUTON	MOTIVE INC			
	g di e di			-	
D	O NOT WRITE	IN THIS S	SPACE		
Principal Place of Business Address Mailing Address				-	
39550 ORCHARD HILL PLACE Suite, Apt. #, etc.		Suite, Apt. #, et	DEPARTMENT	DO NOT WRITE IN T	HIC COACE
City & State		701 LIMA AVENUE		DO NOT WRITE IN THIS SPACE	
M IVON	I	FINDLAY (OH	4. FEI Number 34 - 0549970	Applied For Not Applicable
Zip 48375	Country USA	Zip 45840	Country USA	Certificate of Status Desired	\$8.75 Additional Fee Required
	January of the second	ويتعالم المستحددة والمجالية		7. Name and Address of Current Regis	
b.	DO NOT U			PORATION SYSTEM	·
•	DO NOT W		Street Addres	ss (P.O. Box Number is Not Acceptable) PINE ISLAND ROAD	
٠.	IN THIS SI	PACE 1			
•			City PLANTA	TT ON	Zip Code 33324
8. The above	named entity submits this statem	ent for the purpose of ch		registered agent, or both, in the State of F	
					·
SIGNATURE	Signature, typed or printed name of reg	gistered agent and title if app	plicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
Tax filing requirement and elects to do so. After May Amended			y 1 - May 1 Fee is \$150.00 or May 1, Fee is \$550.00 mended UBR is \$61.25	Election Campaign Financir Trust Fund Contribution.	ng \$5.00 May Be Added to Fees
11.	OFFICERS AND		Payable to Department of S	tate	
TITLE	V		TITLE		
NAME STREET ADDRESS	WEAVER, PHILIP 701 LIMA AVENU		NAME STREET ADDRESS	and the second s	
CITY - ST - ZIP	FINDLAY OH 458		CITY - ST - ZIP		
TITLE NAME	S	ם ת	TITLE	,	3
STREET ADDRESS	TEEPLE, RICHAR 701 LIMA AVENU		NAME STREET ADDRESS		
CITY - ST - ZIP	FINDLAY OH 458	40	CITY - ST - ZIP		•
TITLE NAME	T SCHROEDER, STE	PHEN. O.	TITLE NAME		
STREET ADDRESS	701 LIMA AVENU	E	STREET ADDRESS	DO NOT WE	DITE
CITY - ST - ZIP	FINDLAY OH 458	40	CITY - ST - ZIP		
NAME	NAGY, CHARLES	F	NAME	IN THIS SPA	ACE
STREET ADDRESS CITY - ST - ZIP	701 LIMA AVENU FINDLAY OH 458		STREET ADDRESS CITY - ST - ZIP		
TITLE	TIMPINT ON 450		TITLE		· · · · · · · · · · · · · · · · · · ·
NAME			NAME		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	and the second s	
TITLE		4	TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		41, 3
information an officer o	n indicated on this report or supple	mental report is true and receiver or trustee empo	f accurate and that my signatu owered to execute this report :	in Section 119.07(3)(i), Florida Statutes. I ure shall have the same legal effect as if m as required by Chapter 607, Florida Statute	ade under ooth, that I am
SIGNATU	() (~	C. F. NAG	04/26/02 4	19-429-4466
JIGITAL	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGN	NING OFFICE OF THE CONTROL		ytime Phone #