## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 827241** Jan 21, 2000 8:00 am **Secretary of State** DAYTON SUPERIOR CORPORATION 01-21-2000 90060 046 \*\*\*150.00 Principal Place of Business Mailing Address 7777 WASHINGTON VILLAGE DR 721 RICHARD ST. MIAMISBURG OH 45342-1840 **STE 130 DAYTON OH 45459-3976** оповоя 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 31-0676346 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Addition TITLE TITLE NAME NAME CICCARELLI, JOHN A. STREET ADDRESS STREET ADDRESS 2626 INDIAN WELLS DR. CITY-ST-ZIP CITY-ST-ZIP XENIA OH Change ☐ Addition Delete TITLE TITLE NAME DEIS. MICHAEL C. NAME STREET ADDRESS STREET ADDRESS 1245 LONG ROAD CITY-ST-7IP CITY-ST-ZIP XENIA OH VCFO- ---Change ☐ Delete TITLE ☐ Addition TITLE NAME MCILROY, ALAN F NAME STREET ADDRESS STREET ADDRESS **588 SHELBURNE LN** CITY-ST-ZIP CITY-ST-ZIP **CENTERVILLE OH 45458** Addition Delete TITLE NAME GOOD, DOUGLAS L NAME STREET ADDRESS STREET ADDRESS **6814 ALTER ROAD** CITY-ST-ZIP CITY-ST-ZIP **HUBER HEIGHTS OH 45424** ☐ Change Addition ⁻☐ Delete TITLE TITLE STEWART, JAMES C. NAME STREET ADDRESS STREET ADDRESS 1183 WALNUT VALLEY LANE CITY-ST-ZIP CITY-ST-ZIP CENTERVILLE OH 45458 ☐ Change ☐ Delete TITLE ☐ Addition TITLE RUTHERFORD, JOHN M. NAME NAME STREET ADDRESS STREET ADDRESS 3736 INDIANTOWN AVE CITY-ST-ZIP CINCINNATI OH 45227 13. I hereby certify that the information supplied with this filling 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. Jan M. Ruther Porce NAME OF SIGNING OFFICER OR DIRECTOR