

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91173 017 ***150.00

DOCUMENT # 827241

1. Entity Name
DAYTON SUPERIOR CORPORATION

Principal Place of Business
7777 WASHINGTON VILLAGE DR
SUITE 130
DAYTON OH 45459
US

Mailing Address
7777 WASHINGTON VILLAGE DR
STE 130
DAYTON OH 45459
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-0676346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CICCARELLI, JOHN A.**
 STREET ADDRESS **2626 INDIAN WELLS DR.**
 CITY-ST-ZIP **XENIA OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **DEIS, MICHAEL C.**
 STREET ADDRESS **1245 LONG ROAD**
 CITY-ST-ZIP **XENIA OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCFO** ☐ Delete
 NAME **MCILROY, ALAN F**
 STREET ADDRESS **588 SHELburne LN**
 CITY-ST-ZIP **CENTERVILLE OH 45458**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **TARONJI, JAIME**
 STREET ADDRESS **7777 WASHINGTON VILLAGE DR- STE 130**
 CITY-ST-ZIP **DAYTON OH 45459**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **STEWART, JAMES C.**
 STREET ADDRESS **1183 WALNUT VALLEY LANE**
 CITY-ST-ZIP **CENTERVILLE OH 45458**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **RUTHERFORD, JOHN M.**
 STREET ADDRESS **3736 INDIANTOWN AV**
 CITY-ST-ZIP **CINCINNATI OH 45227**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3736 INDIANVIEW AVE.**
 CITY-ST-ZIP

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.

SIGNATURE:

John M. Rutherford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Rutherford 4/22/02
 Date

(937) 428-6360
 Daytime Phone #

CR2E034 (9/01)