

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90469 020 \*\*\*150.00

0648295 AT

**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

4. FEI Number **31-0676346**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
City **Tallahassee** **FL** Zip Code **32301**

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. I am familiar with, and accept the obligations of registered agent.

**Cynthia L. Harris  
as its agent**

SIGNATURE Cynthia L. Harris  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CICCARELLI, JOHN A.	
STREET ADDRESS	2626 INDIAN WELLS DR.	
CITY-ST-ZIP	XENIA OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEIS, MICHAEL C.	
STREET ADDRESS	1245 LONG ROAD	
CITY-ST-ZIP	XENIA OH	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MCILROY, ALAN F	
STREET ADDRESS	588 SHELburne LN	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TARONJI, JAIME	
STREET ADDRESS	7777 WASHINGTON VILLAGE DR- STE 130	
CITY-ST-ZIP	DAYTON OH 45459	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART, JAMES C.	
STREET ADDRESS	1183 WALNUT VALLEY LANE	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUTHERFORD, JOHN M.	
STREET ADDRESS	3736 INDIAN VIEW AVE	
CITY-ST-ZIP	CINCINNATI OH 45227	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Morrey	
STREET ADDRESS	7777 Washington Village Dr. Ste 130	
CITY-ST-ZIP	Dayton, OH 45459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven C. Huston	
STREET ADDRESS	7777 Washington Village Dr. Ste 130	
CITY-ST-ZIP	Dayton, OH 45459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John M. Rutherford **REQUIRED** John M. Rutherford 4-2-03 (937) 428-6360  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)