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

**DOCUMENT #** 828557

## FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90125 005 \*\*\*150.00

CINCINNATI, OH CINCINNATI, OH 31-0621431 Not Applica Zip Country 2ip 5. Certificate of Status Desired \$8.75 Additional Fee Required  \$8.75 Additional Fee Required  To Name and Address of Current Registered Agent  Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable)  1200 S. PINE ISLAND ROAD  City PLANTATION  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Alter May 1 Fee is \$150.00 Alter May 1 Fee is \$550.00 Anter May 1, Fee is \$550.00 Anter May	1. Entity Nam	e ICORPORATED							
2. Principal Place of Rusiness 10.0 MAIN STREET 10.0 NOT WRITE IN THIS SPACE 11.0 City's State 12.0 Country 12.0 Country 13.1 Country 14.5.20.2 Country 14.5.20.2 Country 14.5.20.2 Country 15.0 C		DO NOT V	WRITE IN THIS S	PACE			_		
Suite, Ast #, reto:   Suite, Apt #, etc   DO NOT WRITE IN THIS SPACE   Suite, Ast #, reto:   DO NOT WRITE IN THIS SPACE   Ast State   CINCINNATI, OH   CINCINNATI, OH   S1-D621431   Mort Application   S8.75 Additional   Mort Application   S8.75 Additional   Mort Application   S8.75 Additional   S							60012	875	
Solite, Apt. P. etc.    Solite   Solite   City & State   City & City & State   City & State   City & State   City & State   City & City & State   City &	•				———— ЕТ				
CINCINNATI, OH CANCINNATI, OH S1-0621431 S8.75 Applica 2p County 4502 S. Certificate of Status Desired S8.75 Applica 45202 S. Certificate of Status Desired S8.75 Application S7. Name and Address of Current See Required  7. Name and Address of Current S7. Name and Address of Current S6.75 Application S7. Name and Address of Current S7. Name and Name Address of Current S7. Name and N							DO NOT WRIT	E IN THIS SPAC	)E
S. Certificate of Status Desired   Fee Required   Fee Required   Fee Required   Fee Required   Status Desired   Fee Required   Fee Required   Status Desired   Status Desired	CINCINN	CINCINNATI, OH CINCINNA							Applied For Not Applicable
Name   PCD   S. PINE ISLAND ROAD	45202		45202		ntry			└ Fee	Required
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00 Are maded UBR is \$550.00 Amended UBR is \$550.00 Amended UBR is \$550.00 Amended UBR is \$51.20  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  CASTELLINI, ROBERT SIREET ADDRESS 10.0 MAIN STREET OTI - 51 - 20  CINCINNATI, OH 45202  TILE  SIREET ADDRESS OTY - 51 - 20  TILE  NAME  GRAFE, KARL J.  SIREET ADDRESS OTY - 51 - 20  TILE  NAME SIREET ADDRESS OTY		DO NOT WRITE	E IN THIS SPACE	:	CT CC Street Ad	ORPORAT	ION SYSTEM	ble)	ent
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Signature, yiped or printed name of registered agent and title of applicables    January 1- May 1- Fee is 15150.00     After May 1- Fee is 1550.00     After M		•		of changing its			agent, or both, in the Sta		
Signature, yiped or printed name of registered agent and title of applicables    January 1- May 1- Fee is 15150.00     After May 1- Fee is 1550.00     After M	SIGNATURE	-	•						
After May 1, Fee is \$550.00 Manended URI is \$61.25 Make Check Payable to Florida Department of State    PCEO				if applicab <del>le</del> .	(NOTE: Registe	ered Agent signa	ture required when reinstatin	g) (	DATE
10. OFFICERS AND DIRECTORS  TITLE  PCEO  CASTELLINI, ROBERT  STREET ADDRESS  GTY-ST-ZIP  GRAFE, KARL J.  STREET ADDRESS  GTY-ST-ZIP  TITLE  MAVE  STREET ADDRESS  GTY-ST-ZIP  DO NOT WRITE IN THIS SPACE  TITLE  MAVE  STREET ADDRESS  GTY-ST-ZIP		After May 1, Fee is \$550. Amended UBR is \$61.2	00 5				, ,		\$5.00 May Be Added to Fees
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