

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **831545**

1. Corporation Name

MEAD TIMBER COMPANY

Principal Place of Business

C/O MEAD TAX DEPARTMENT
COURTHOUSE PLAZA, NE
DAYTON OH 45463

Mailing Address

C/O MEAD TAX DEPARTMENT
COURTHOUSE PLAZA, NE
DAYTON OH 45463

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90012 038 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1973

4. FEI Number

31-0841604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	GRABER, WILLIAM R	
STREET ADDRESS	COURTHOUSE PLAZA, N.E.	
CITY-ST-ZIP	DAYTON OH 45463	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAVID L. SANTEZ	
STREET ADDRESS	COURTHOUSE PLAZA, NE	
CITY-ST-ZIP	DAYTON OH	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GESWEIN, GREGORY T	
STREET ADDRESS	COURTHOUSE PLAZA NE	
CITY-ST-ZIP	DAYTON OH 45463	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	HITTER, J.I.	
STREET ADDRESS	COURTHOUSE PLAZA, N.E.	
CITY-ST-ZIP	DAYTON OH 45463	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SANTEZ, DAVID L	
STREET ADDRESS	COURTHOUSE PLAZA, NE	
CITY-ST-ZIP	DAYTON OH 45463	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	Graber, William R.
3.4 CITY-ST-ZIP	Courthouse Plaza, NE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Dayton, OH 45463
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V.P. + Treasurer
5.3 STREET ADDRESS	Timothy R. McLevish
5.4 CITY-ST-ZIP	Courthouse Plaza, NE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Dayton, OH 45463
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

RECEIVED

08/17/99 (932) 495 3134

CR2E034 (5/99)

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