2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 832737 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** THOMAS W. RUFF & COMPANY OF FLORIDA, INC. 01-20-2000 90147 032 ***158.75 Principal Place of Business Mailing Address 1114 DUBLIN RD. 1114 DUBLIN RD. COLUMBUS OH 43215-1039 COLUMBUS OH 43215 LUUUZADH 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 31-0849755 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE, Registered Agent signature required when reinstating): Signature, typed or printed name of registered agent and title if applicable. 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 41. . Director Roger Escolas 1114 Dublin Rd. CD ☐ Change Addition ☐ Delete TITLE TITLE GORMAN, JOHN E NAME NAME 1114 DUBLIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 0 CITY-ST-ZIP Columbus OH 43215 ☐ Addition Change ☐ Delete TITLE CRANE, JOHN J. NAME NAME 1114 DUBLIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, OH 0 Addition ☐ Change ☐ Delete TITI F GORMAN-CAROL-J NAME 1114 DUBLIN RD STREET ADDRESS STREET ADDRESS COLUMBUS, OH 0 CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CRYNOCK, KATHLEEN G NAME 911 ORLANDO AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 0 ☐ Change ☐ Delete ☐ Addition TITLE GORMAN, MICHAEL J. NAME NAME STREET ADDRESS 1114 DUBLIN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

CR2F034 (9/99)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayline Phone #