

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90078 050 ***150.00

DOCUMENT # 835762

1. Entity Name
THE CINCINNATI-VULCAN COMPANY

Principal Place of Business Mailing Address
5353 SPRING GROVE AVENUE 5353 SPRING GROVE AVENUE
CINCINNATI OH 45217 CINCINNATI OH 45217

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 **31-0241780**

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

CT 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, 2001 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	C	<input type="checkbox"/> Delete
NAME	CURTIS, EVERETT	
STREET ADDRESS	7356 SHAKER RUN LN	
CITY-ST-ZIP	WESTCHESTER OH 45069	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KELLNER, DAVID E	
STREET ADDRESS	618 LIDDLE LN	
CITY-ST-ZIP	CINCINNATI OH 45215	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHEPHERD, TOM	
STREET ADDRESS	5998 WINNETKA	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLUENDER, ALAN	
STREET ADDRESS	6599 MIAMI TRIAL DRIVE	
CITY-ST-ZIP	LOVELAND OH 45140	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACKIEWICZ, TOM	
STREET ADDRESS	7112 MAPLECREEK DRIVE	
CITY-ST-ZIP	MIDDLETOWN OH 45044	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OLSON, GREGORY W	
STREET ADDRESS	9142 KNIGHTRIDGE LN	
CITY-ST-ZIP	MASON OH 45040	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17 DIPLOMAT DRIVE	
CITY-ST-ZIP	WYOMING, OHIO 45215	
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		<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		

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: *Paul Lamping* **PAUL LAMPING**

1/29/01 513-242-2672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)