## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 841913** Apr 28, 2000 8:00 am Secretary of State HUFFY SERVICE FIRST, INC. 04-28-2000 90066 011 \*\*\*150.00 Principal Place of Business Mailing Address 8521 GANDER CREEK DRIVE 8521 GANDER CREEK DRIVE MIAMISBURG OH 45342 MIAMISBURG OH 45342-5436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 31-0930291 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE Paul R D'Alaia NAME NAME TONKON: I E STREET ADDRESS STREET ADDRESS 8521 GANDER CREEK DR CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG OH ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MARCELLINO, THOMAS NAME STREET ADDRESS STREET ADDRESS 8521 GANDER CREEK DR CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG OH 45342 TITLE Delete --- -TITLE - - Change - Addition NAME MICHAUD, NANCY A. NAME STREET ADDRESS 225 BYERS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG, OH 00000 ☐ Delete TITLE ☐ Change ☐ Addition NAME POHLMAN, STEPHEN NAME STREET ADDRESS STREET ADDRESS 8521 GANDER CREEK DRIVE CITY-\$T-ZIP CITY-ST-ZIP MIAMISBURG OH ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BRAHM, CLIFFORD STREET ADDRESS STREET ADDRESS 8521 GANDER CREEK DR CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG OH (X) Change □ Addition ☐ Delete TITLE TITLE Darren J. Dulsky NAME NAME POWELL, DEBORHA STREET ADDRESS STREET ADDRESS 8521 GANDER CREEK DR CITY-ST-ZIP MIAMISBURG OH

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 937-436-6266