

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91178 024 \*\*\*150.00

<b>DOCUMENT #</b> 843990
<b>1. Entity Name</b> OLIVER RUBBER COMPANY

**DO NOT WRITE IN THIS SPACE**

**90129827**

<b>2. Principal Place of Business</b> 165 DOUGHERTY ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> ATTN TAX DEPARTMENT Suite, Apt. #, etc. 701 LIMA AVENUE
City & State ATHENS GA	City & State FINDLAY OH
Zip 30601	Country US
Zip 30601	Country US

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 94-0732150	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>P</b>	<b>TITLE</b>	
<b>NAME</b>	ENDERS, LARRY J	<b>NAME</b>	
<b>STREET ADDRESS</b>	701 LIMA AVENUE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	FINDLAY OH 45840	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VP</b>	<b>TITLE</b>	
<b>NAME</b>	VOLK, RICHARD E	<b>NAME</b>	
<b>STREET ADDRESS</b>	701 LIMA AVENUE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	FINDLAY OH 45840	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>T</b>	<b>TITLE</b>	
<b>NAME</b>	SCHROEDER, STEPHEN O	<b>NAME</b>	
<b>STREET ADDRESS</b>	701 LIMA AVENUE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	FINDLAY OH 45840	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>AT</b>	<b>TITLE</b>	
<b>NAME</b>	NAGY, CHARLES F	<b>NAME</b>	
<b>STREET ADDRESS</b>	701 LIMA AVENUE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	FINDLAY OH 45840	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>TITLE</b>	
<b>NAME</b>	JACOBSON, RICHARD N	<b>NAME</b>	
<b>STREET ADDRESS</b>	701 LIMA AVENUE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	FINDLAY OH 45840	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*C. F. Nagy*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**C. F. NAGY**  
**ASSISTANT TREASURER**

**04/25/03 419-429-4466**

**Date**

**Daytime Phone #**