

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90161 006 ***150.00

DOCUMENT # 854067

1. Entity Name
STANLEY STEEMER INTERNATIONAL, INC.



Principal Place of Business
**5500 STANLEY STEEMER PARKWAY
DUBLIN OH 43016
US**

Mailing Address
**5500 STANLEY STEEMER PARKWAY
DUBLIN OH 43016-2004
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-0366455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BATES, WESLEY C.	
STREET ADDRESS	5045 SQUIRREL BEND	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RYSER, PHILLIP P.	
STREET ADDRESS	2243 ASHBURY CLOSE	
CITY-ST-ZIP	POWELL OH	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BUNNER, MARK V	
STREET ADDRESS	8780 PATTERSON RD	
CITY-ST-ZIP	HILLIARD OH 43026	
TITLE	D	<input type="checkbox"/> Delete
NAME	TASK, HOWARD	
STREET ADDRESS	2433 COLLINS DRIVE	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, DAVID	
STREET ADDRESS	2454 KENSINGTON, DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, R.L.	
STREET ADDRESS	5598 PRESTON MILL WAY	
CITY-ST-ZIP	DUBLIN OH 43017	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03

CR2E034 (10/02)