

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857234

1. Entity Name

OGLESBY CONSTRUCTION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90069 040 ***150.00

CUU4J101



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1600 TOLEDO ROAD PO BOX 380 NORWALK OH 44857	Mailing Address 1600 TOLEDO ROAD PO BOX 380 NORWALK OH 44857-0380
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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 34-1233573	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGLESBY, MASON P. 1041 SOUTH NORWALK RD. NORWALK OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP - 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OGLESBY, DELLENE 1041 SOUTH NORWALK RD. NORWALK OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP - 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, RICHARD S. 17 PATRICIAN DR NORWALK OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP - 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCFADDEN, JAMES 12907 PATTEN TRACT RD MONROEVILLE OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIP - 44847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARMAN, DOUGLAS 23 NORTH WEST ST NORWALK OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 146 SYCAMORE DRIVE NORWALK, OHIO 44857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REICHERT, GERALD 128 SYCAMORE DRIVE NORWALK OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 746 MALLARD POINTE NORWALK, OHIO 44857

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: MASON P. OGLESBY DATE: MAR 23 2000 (419) 668-3222