## 2004 FOR PROFIT CORPORATION

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F0000001939** 04-30-2004 90331 041 \*\*\*150.00 KINSMAN PROPERTIES CORPORATION Principal Place of Business Mailing Address 2201 RIVERSIDE DRIVE 2201 RIVERSIDE DRIVE COLUMBUS, OH 43221 COLUMBUS, OH 43221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 31-1653411 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TATE, MARK T Street Address (P.O. Box Number is Not Acceptable) 212 S. MAGNOLIA AVE. TAMPA, FL 33606 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME STEINBRENNER, HENRY G NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS TAMPA, FL 33614 CITY-ST-7P CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE STEINBRENNER, HAROLD Z NAME NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS TAMPA, FL 33614 CITY-ST-7IP CITY-ST-ZIP THE Change ☐ Delete TITLE Addition NAME SWINDAL, STEPHEN W NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP TITLE VD Delete ☐ Change TITLE Addition NAME STEIMLE, DONALD L NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CITY-ST-7IP TAMPA, FL 33614 CITY-ST-ZIP Change TITLE ☐ Defete TITLE Addition SWINDAL, JENNIFER S NAME NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS **TAMPA, FL 33614** CITY-ST-7/P CITY-ST-ZIP ASD Delete Change TITLE TITLE Addition STALLINGS, NORMAN JR. NAME NAME STREET ADDRESS ONE STEINBRENNER DRIVE STREET ADDRESS CITY-ST-7IP **TAMPA, FL 33614** CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**