

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90496 004 \*\*\*150.00

**DOCUMENT # F00000002428**

1. Entity Name

**CHEMGORE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**36 TECUMSEH STREET  
 DAYTON OH 45402**

Mailing Address

**36 TECUMSEH STREET  
 DAYTON OH 45402**

2. Principal Place of Business

**6710 BENJAMEN RD.**

3. Mailing Address

**3127 ENCKETE LANE**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**DAYTON OH**

4. FEI Number **31-1699573**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>GILMORE, RUSSELL A III</b>	
STREET ADDRESS	<b>36 TECUMSEH STREET</b>	
CITY-ST-ZIP	<b>DAYTON OH 45402</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOLTON, THOMAS A</b>	
STREET ADDRESS	<b>ONE SOUTH MAIN STREET, SUITE 1600</b>	
CITY-ST-ZIP	<b>DAYTON OH 45402</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>LORENZ, GEOFFREY R</b>	
STREET ADDRESS	<b>76 WEST FORRER ROAD</b>	
CITY-ST-ZIP	<b>DAYTON OH 45419</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Russell A. Gilmore, III **PRESIDENT RUSSELL A. GILMORE, III** 3/20/01 937-534-0431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #