

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90078 047 \*\*\*150.00

DOCUMENT # **F00000005550** ✓

1. Entity Name

**HUNTINGTON CAPITAL CORP.**

Principal Place of Business

**41 SOUTH HIGH ST.  
 (HC0640)  
 COLUMBUS OH 43215**

Mailing Address

**41 SOUTH HIGH ST.  
 (HC0640)  
 COLUMBUS OH 43215**

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

**31-1157060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

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

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAUGHMAN, MILTON D 41 SOUTH HIGH ST. COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCMENNAMIN, MICHAEL J 41 SOUTH HIGH ST. COLUMBUS OH 43215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSSELL, BETH A 41 SOUTH HIGH ST. COLUMBUS OH 43215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEIFFERT, RONALD J 41 SOUTH HIGH ST. COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCS MAUNEY, SANDRA W 41 SOUTH HIGH ST. COLUMBUS OH 43215</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERT HARLESS 41 S. HIGH STREET COLUMBUS, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARD A. CHEAD 41 S. HIGH STREET COLUMBUS, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARI ALTMAN 41 S. HIGH STREET COLUMBUS, OH 43215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARI M. ALTMAN**

**4/29/02**

Date

**614.480.3654**

Daytime Phone #

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ATTACHMENT

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TITLE D  
NAME BAUGHMAN, MILTON D  
STREET ADDRESS 41 SOUTH HIGH ST.  
CITY-ST-ZIP COLUMBUS OH 43215 ☐ Delete

TITLE PD  
NAME McMENNAMIN, MICHAEL J  
STREET ADDRESS 41 SOUTH HIGH ST.  
CITY-ST-ZIP COLUMBUS OH 43215 ☐ Delete

TITLE D  
NAME RUSSELL, BETH A  
STREET ADDRESS 41 SOUTH HIGH ST.  
CITY-ST-ZIP COLUMBUS OH 43215 ☐ Delete

TITLE D  
NAME SEIFFERT, RONALD J  
STREET ADDRESS 41 SOUTH HIGH ST.  
CITY-ST-ZIP COLUMBUS OH 43215 ☒ Delete

TITLE VCS  
NAME MAUNEY, SANDRA W  
STREET ADDRESS 41 SOUTH HIGH ST.  
CITY-ST-ZIP COLUMBUS OH 43215 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

CHECK REQUEST

CORPORATION # 0197

COST CENTER # 059790

G/L # 52416

G/L #

G/L #

G/L #

G/L #

G/L #

AMOUNT \$ 150.00

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

AMOUNT \$

"2002 UBR"

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR