

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

06-19-2003 90042 039 \*\*\*150.00

DOCUMENT # F00000005691

1. Entity Name  
PROFESSIONAL DIRECT AGENCY, INC.

Principal Place of Business  
400 LAZELLE ROAD, SUITE 16  
COLUMBUS OH 43240

Mailing Address  
400 LAZELLE ROAD, SUITE 16  
COLUMBUS OH 43240

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 31-1602422

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 PD  
NAME FLORIAN, DAVID C ☒ Delete  
STREET ADDRESS 400 LAZELLE ROAD, SUITE 16  
CITY-ST-ZIP COLUMBUS OH 43240

TITLE STD  
NAME SENSKY, ELIZABETH W H ☐ Delete  
STREET ADDRESS 400 LAZELLE ROAD, SUITE 16  
CITY-ST-ZIP COLUMBUS OH 43240

TITLE V  
NAME KOTERBA, DAVID W ☒ Delete  
STREET ADDRESS 400 LAZELLE ROAD, SUITE 16  
CITY-ST-ZIP COLUMBUS OH 43240

TITLE PD  
NAME HENSLEY, LOU E ☒ Delete  
STREET ADDRESS 400 LAZELLE ROAD, SUITE 16  
CITY-ST-ZIP COLUMBUS OH 43240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME David De Gorter  
STREET ADDRESS 401 S. Tryon  
CITY-ST-ZIP Charlotte, NC 428288

TITLE VD ☐ Change ☒ Addition  
NAME Carol Mullis  
STREET ADDRESS 401 S. Tryon  
CITY-ST-ZIP Charlotte, NC 428288

TITLE ☐ Change ☒ Addition  
NAME ~~Barbara Glassberg~~  
STREET ADDRESS ~~401 S. Tryon~~  
CITY-ST-ZIP ~~Charlotte, NC 428288~~

TITLE T ☐ Change ☒ Addition  
NAME Harry Laderer  
STREET ADDRESS 401 S. Tryon  
CITY-ST-ZIP Charlotte, NC 428288

TITLE AVP ☐ Change ☒ Addition  
NAME James Aaron Palmer  
STREET ADDRESS 400 Lazelle Rd  
CITY-ST-ZIP Columbus, OH 43240

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

CR2E034 (10/02)