FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State **DOCUMENT #** F01000001407 1. Entity Name 05-13-2002 90077 001 ***150.00 HUNTINGTON ASSET ADVISORS, INC. Principal Place of Business Mailing Address 41 SOUTH HIGH STREET 41 SOUTH HIGH STREET ATTN: LEGAL DEPT HC-1032 ATTN: LEGAL DEPT HC-1032 COLUMBUS OH 43215 COLUMBUS OH 43215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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 require 9. This corporation is eligible to satisfy its Intangible FILE NOW! VEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002. Fee will be \$550.00 Election Campaign Financing **\$5.00** May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change Addition NAME BENHASE, DANIEL B NAME STREET ADDRESS 41 SOUTH HIGH STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS OH CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Additior NAME CASTOR, DAVID NAME STREET ADDRESS 41 SOUTH HIGH STREET STREET ADDRESS CHECK REQUEST CITY-ST-ZIP <u>columbus</u> oh CITY-ST-ZIP CORPORTATION #. TITLE Delete COST CENTER # TITLE ☐ Addition NAME G/L # 528/x NAME AMOUNT \$ _50.00 STREET ADDRESS STREET ADDRESS G/L # AMOUNT \$ CITY-ST-ZIP CITY-ST-7IP G/L # AMOUNT 9 TITLE G/L # ☐ Delete TITLE ☐ Addition G/L # **AMOUNT** NAME STREET ADDRESS STREET ADDRESS UBR " CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

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ATTACHMENT DOCUMENT # F01000001407 1. Entity Name HUNTINGTON ASSET ADVISORS, INC. Principal Place of Business Mailing Address 41 SOUTH HIGH STREET 41 SOUTH HIGH STREET ATTN: LEGAL DEPT HC-1032 ATTN: LEGAL DEPT HC-1032 COLUMBUS OH 43215 COLUMBUS OH 43215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1059224 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 After May 1, 2002 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. -12. TITLE Addition Delete 🔙 TITLE ☐ Change RONALD J. CORN NAME NAME BENHASE, DANIEL B 415 HIGH STREE STREET ADDRESS STREET ADDRESS 41 SOUTH HIGH STREET CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH CLUMBUS OH 43215 Addition TITLE TITLE ☐ Delete B, RANDOLPH BATEMAN NAME CASTOR, DAVID 41 S. HICH STREET STREET ADDRESS STREET ADDRESS 41 SOUTH HIGH STREET CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH COLUMBUS OH 43215 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Additio TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Additio ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete ☐ Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129/02 614-42-4a