## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100002876  1. Entity Name  KORDANEMETH ENGINEERING, INC.					Secretary of State 01-30-2002 90149 048 ***150.00				
Principal Place of Business ~1850 WATERMARK DRIVE, STE, 200 COLUMBUS OH 43215-7010		Mailing Address 1650 WATERMARK DRIVE. STE. 200 COLUMBUS OH 43215-7010					180		
2. Principal Place of Business		3. Mailing Address				i <b>i i i</b> i i i i i i i i i i i i i i i			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 1	El Number 31-0922991		<u> </u>	oplied For ot Applicable	]
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		8.75 Add	ditional	1
	6. Name and Address of Current Re	gistered Agent		7. 1	lame and Address of New Re				1
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Name Street Addr	ess (P.O. E	ox Number is Not Acceptable	)			
	SSEE FL 32301-2525			***					1
			City	<del>-</del>		FL	Zip Code	_ <del></del>	1
	named entity submits this statement for the						<u> </u>		-
Tax filing ( See crite)	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2003 Make Check Payable		.00 f State	10. Election Campaign Fina Trust Fund Contribution		Added	May Be	
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFI				<del>│</del>
NAME STREET ADDRESS CITY-ST-ZIP	KORDA, PETER 1650 WATERMARK DRIVE, STE. 20 COLUMBUS OH 43215-7010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			L	Change	Addition	CR2Fn34 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISENMAN, MARK 1650 WATERMARK DRIVE, STE. 20 COLUMBUS OH 43215-7010	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	분
NAME STREET ADDRESS CITY-ST-ZIP	PETRIC, GERALD 1650 WATERMARK DRIVE, STE. 20 COLUMBUS OH 43215-7010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b></b>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOYLE, THOMAS 1650 WATERMARK DRIVE, STE. 20 COLUMBUS OH 43215-7010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			С	Change	Addition	
indicated	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attach per with an address, with	ue and accurate and that my	signature shall have	the same I	egal effect as if made under or	ath: that I am	an officer	or director	

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

(614) 487-1650 Daytime Phone #