2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Jul 28, 2003 8:00 am Secretary of State	
1. Entity Nan)0005885 /			Jul 28 2003 8.00 am 💐	
Principal Plac 4801 SPRING DAYTON OH		Mailing Address 4801 SPRINGFIELD ST DAYTON OH 45431			a sa ka	
2. Principal F	Place of Business	3. Mailing Address	_ <u></u>			
Suite, Apt.	#, etc. ,	Suite, Apt. #, etc.				ING CHANGES
City & State		City & State				
Zip	Country	Zip	Country	{		
						Fee Required
	6Name and Address of Current	Registered Agent	Name		7, Name and Address of New Register	ed Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street	Address (F	20. Box Number is Not Acceptable)	
			City		F	Zip Code
		or the purpose of changing its	s registered office of	or registere	<u></u>	
the obliga	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signa	ature required v	when reinstating) DAT	Ē
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department o					
10.	OFFICERS AND	DIRECTORS	11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEWEY, RONALD L 1401 N. PLANO ROAD RICHARDSON TX 75081	🗋 Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teri 1401	N. PLANO RD.	🗋 Change 🛛 🖾 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DISSER, DANIEL J 4801 SPRINGFIELD STREET DAYTON OH 45431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Impount in the internet	Change CAddition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ENSING, ELIZABETH A 4801 SPRINGFIELD STREET DAYTON OH 45431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	••••••••••••••••••••••••••••••••••••••	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAU, DAVID 1401 N. PLANO ROAD RICHARDSON TX 75081	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, GORDON 1401 N. PLANO ROAD RICHARDSON TX 75081	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	Change Addition
12. I hereby of indicated of the cor changed.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, the or on an attachment of the second second second second second second second seco	true and accurate and that i owered to execute this report with all other like empowered	my signature shall I t as required by Ch I.	ated in Sec have the sa apter 607,	ame legal effect as if made under oath; tha Florida Statutes; and that my name appear	t I am an officer or director is in Block 10 or Block 11 if
SIGNA		BULLED NAME OF SIGNING OFFICER		nt.S	1/22/03	937-476-0357 Daytime Phone #
	17	or a second of granting of the		1/1# \	1 × 1/1 Valo	