

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0018714 AR

02-26-2002 90146 026 ***150.00

DOCUMENT # F01000006493

1. Entity Name
CONTINENTAL CAPITAL INSURANCE SERVICES, INC.

Principal Place of Business

**102 N. MAIN ST.
 BRYAN OH 43506**

Mailing Address

**PO BOX 567
 BRYAN OH 43506**

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 **34-1805256**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
P
GIOIA, ROBERT M
 STREET ADDRESS **102 N. MAIN STREET**
 CITY-ST-ZIP **BRYAN OH**

TITLE Change Addition
Secretary/Treasurer
Mari A. Ivan
 STREET ADDRESS **102 N. Main Street**
 CITY-ST-ZIP **Bryan, OH 43506**

TITLE Delete
V
CAMERON, JOHN W
 STREET ADDRESS **102 N. MAIN STREET**
 CITY-ST-ZIP **BRYAN OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
ST
LOSBY, THOMAS D
 STREET ADDRESS **102 N. MAIN STREET**
 CITY-ST-ZIP **BRYAN OH**

TITLE Change Addition
President
Thomas D. Losby
 STREET ADDRESS **102 N. Main Street**
 CITY-ST-ZIP **Bryan, OH 43506**

TITLE Delete
CD
DAVIS, WILLIAM C
 STREET ADDRESS **5580 MONROE STREET**
 CITY-ST-ZIP **SYLVANIA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
Director
William L. Faulkner
 STREET ADDRESS **5580 Monroe Street**
 CITY-ST-ZIP **Sylvania, OH 43560**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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.

SIGNATURE: **SIGNATURE OF THOMAS D. LOSBY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02 **419-636-1141**
 Date Daytime Phone #

CR2E034 (9/01)