2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (**BR)

Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90959 027 ***150.00 F01000006585 DOCUMENT # 1. Entity Name GEOTRAC, INC. SULLE CONTRACTOR CONTRACTOR CONTRACTOR Principal Place of Business Mailing Address 3900 LAYLIN ROAD 3900 LAYLIN ROAD NORWALK OH 44857 NORWALK OH 44857 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 34-1966375 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 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 agen Koth SIGNATURE G#. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DDF ☐ Defete TITLE Addition WHITE, DANIEL J NAME NAME STREET ADDRESS 3900 LAYLIN ROAD STREET ADDRESS NORWALK OH 44857 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, SANDRA A MAME NAME STREET ADDRESS 3900 LAYLIN ROAD STREET ADDRESS CITY-ST-ZIP NORWALK OH 44857 CITY-ST-ZIP HJ.E IME ☐ Delete Change Addition ROTH-PAUL-J-NARIF STREET ADDRESS 3900 LAYLIN ROAD STREET ADDRESS NORWALK OH 44857 CITY-ST-ZIP CITY-ST-ZIP mr ☐ Delete Change Addition KIEDRÓWICZ, KARNE NAME NAME 3900 LAYLIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORWALK OH 44857 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition MORRISON, ALAN NAME NAME 4905 N SUNGOLD LN STREET ADDRESS STREET ADDRESS CASTLE ROCK CO 80104 CITY-ST-ZIP CITY-ST-ZIP nne ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P

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 extensis, with all other like empowered.

SIGNATURE:

FILED