


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 14 PM 1:55

REINSTATEMENT 0405



DOCUMENT # F02000001849					
1. Entity Name COMPMANAGEMENT, INC.					
Principal Place of Business 6377 EMERALD PKWY. DUBLIN, OH 43016			Mailing Address 6377 EMERALD PKWY. DUBLIN, OH 43016		
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 31-1112569	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Barbara A. Burke</u> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY DATE <u>2-1-05</u> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSART, ROBERT J		NAME	Stephen C. Brown	
STREET ADDRESS	6377 EMERALD PKWY.		STREET ADDRESS	6377 Emerald Parkway	
CITY-ST-ZIP	DUBLIN, OH 43016		CITY-ST-ZIP	Dublin OH 43016	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, JONATHAN R		NAME	Brian D. Fitzgerald	
STREET ADDRESS	6377 EMERALD PKWY.		STREET ADDRESS	6377 Emerald Pkwy	
CITY-ST-ZIP	DUBLIN, OH 43016		CITY-ST-ZIP	Dublin OH 43016	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURTH, RICHARD T		NAME	A. George Gebauer	
STREET ADDRESS	6377 EMERALD PKWY.		STREET ADDRESS	6377 Emerald Pkwy	
CITY-ST-ZIP	DUBLIN, OH 43016		CITY-ST-ZIP	Dublin OH 43016	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLUETER, WILLIAM R		NAME	Richard W. O'Connor	
STREET ADDRESS	6377 EMERALD PKWY.		STREET ADDRESS	6377 Emerald Pkwy	
CITY-ST-ZIP	DUBLIN, OH 43016		CITY-ST-ZIP	Dublin OH 43016	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PAUL A		NAME		
STREET ADDRESS	6377 EMERALD PKWY.		STREET ADDRESS		
CITY-ST-ZIP	DUBLIN, OH 43016		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other like empowered.					
SIGNATURE: <u>Stephen C. Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>2/9/05</u> Daytime Phone #	