

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90783 022 ***150.00

DOCUMENT # F02000004390

1. Entity Name
SHONAC CORPORATION



Principal Place of Business
**C/O JOHN ROSSLER
4150 EAST FIFTH AVE.
COLUMBUS OH 43219**

Mailing Address
**C/O JOHN ROSSLER
4150 EAST FIFTH AVE.
COLUMBUS OH 43219**



2. Principal Place of Business

3241 WESTERVILLE RD

3. Mailing Address

3241 WESTERVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

COLUMBUS OHIO

City & State

COLUMBUS OHIO

4. FEI Number

31-0746639

Applied For

☐ Not Applicable

Zip

43224

Country

FRANKLIN

Zip

43224

Country

FRANKLIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DISQUE, DAVID 4150 EAST 5TH AVE. COLUMBUS OH 43219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP FERREE, DEBORAH L 4150 EAST 5TH AVE. COLUMBUS OH 43219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD KOZLOWSKI, EDWIN J 4150 EAST 5TH AVE. COLUMBUS OH 43219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPIT BUNNELL, FRED 4150 EAST 5TH AVE. COLUMBUS OH 43219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOT MCGRADY, JAMES A 3241 WESTERVILLE RD. COLUMBUS OH 43224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDT GIRARD, JEFF 3241 WESTERVILLE RD. COLUMBUS OH 43224	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

JAMES A. MCGRADY 02/28/03 (614) 478-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)