

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90192 005 ***150.00

0647284 AT

DOCUMENT # F02000005618

1. Entity Name
CRI HOLDINGS, INC.



Principal Place of Business
**209 EAST STATE STREET
COLUMBUS OH 43215**

Mailing Address
**209 EAST STATE STREET
COLUMBUS OH 43215**

2. Principal Place of Business
191 W NATIONWIDE BLVD

3. Mailing Address
191 W NATIONWIDE BLVD

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
COLUMBUS, OH

City & State
COLUMBUS, OH

4. FEI Number **31-1668216**

Applied For
Not Applicable

Zip
43215-2568

Country

Zip
43215-2568

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, ROBERT F
1301 SIXTH AVENUE WEST, SUITE 400
BRADENTON FL 34205**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **CASTO, DON M III**
STREET ADDRESS **209 EAST STATE STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **DPT** ☒ Change ☐ Addition
NAME **CASTO, DON M III**
STREET ADDRESS **191 W NATIONWIDE BLVD, SUITE 200**
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

TITLE **DVS** ☐ Delete
NAME **BENSON, FRANK S III**
STREET ADDRESS **209 EAST STATE STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **DVS** ☒ Change ☐ Addition
NAME **BENSON, FRANK S III**
STREET ADDRESS **191 W NATIONWIDE BLVD, SUITE 200**
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

TITLE **VAS** ☐ Delete
NAME **DUTTON, STEPHEN E**
STREET ADDRESS **209 EAST STATE STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **VAS** ☒ Change ☐ Addition
NAME **DUTTON, STEPHEN E**
STREET ADDRESS **191 W NATIONWIDE BLVD, SUITE 200**
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

TITLE **V** ☐ Delete
NAME **LUKEMAN, PAUL G**
STREET ADDRESS **209 EAST STATE STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **V** ☒ Change ☐ Addition
NAME **LUKEMAN, PAUL**
STREET ADDRESS **191 W NATIONWIDE BLVD, SUITE 200**
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

TITLE **V** ☐ Delete
NAME **MARTIN, ANTHONY A**
STREET ADDRESS **209 EAST STATE STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **V** ☒ Change ☐ Addition
NAME **MARTIN, ANTHONY A**
STREET ADDRESS **191 W NATIONWIDE BLVD, SUITE 200**
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

TITLE **V** ☐ Delete
NAME **RIAT, WILLIAM J**
STREET ADDRESS **209 EAST STATE STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **V** ☒ Change ☐ Addition
NAME **RIAT, WILLIAM J**
STREET ADDRESS **191 W NATIONWIDE BLVD, SUITE 200**
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

12. I hereby certify that the information supplied with this form 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 DON M. CASTO, III

4/23/03

Date

Daytime Phone #

CFR2034 (10/02)