## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F93000003978 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name OCASCO BUDGET, INC. 04-26-2000 90088 004 \*\*\*150.00 Principal Place of Business Mailing Address 136 NORTH THIRD STREET 136 NORTH THIRD STREET HAMILTON OH 45025 **HAMILTON OH 45025-0001** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number <del>31 0655688</del> 31-1364002 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Tom Morton Spuller. T F' Street Address (P.O. Box Number is Not Acceptable) 500 WINDERLY PLACE, SUITE 200 MAITLAND FL 32751-7207 500 Winderley Place, Suite 200 Maitland its registered office or registered agent, or both, in the State of Florida 8. The above named entity submit atement for the purpose of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition **CFDT** X Delete TITLE Treasurer Change TITLE NAME Sarah L. Burton NAME PORTER, BARRY S STREET ADDRESS STREET ADDRESS 136 NORTH THIRD STREET 136 North Third Street CITY-ST-ZIP CITY-ST-7IP HAMILTON OH Hamilton, OH 45025 Change ☐ Addition CEO/President/Director TITLE ☐ Delete TITLE NAME WOODALL, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 6302 WINDCREST #825 CITY-ST-ZIP CITY-ST-ZIP PLANO TE 75024 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME MARCUM, JOSEPH L STREET ADDRESS STREET ADDRESS **475 OAKWOOD DRIVE** CITY-ST-ZIP CITY-ST-ZIP HAMILTON OH 45013 Senior Vice President Addition TITLE Delete TITLE Change Michael L. Evans NAME LOWE, JEFFERY D NAME STREET ADDRESS STREET ADDRESS 136 North Third Street **821 BOYLE ROAD** CITY-ST-ZIP CITY-ST-ZIP HAMILTON OH Hamilton, OH 45025 TITLE DP Delete TITLE Change Addition NAME PATCH, LAUREN N NAME STREET ADDRESS STREET ADDRESS 434 CHISHOLM TRAIL CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45215 X Change ☐ Addition TITLE □ · Delete TITLE Senior Vice President/Secretary/ NAME . SLONEKER, HOWARD L III NAME Director STREET ADDRESS STREET ADDRESS 7 LITTLE CREEK LANE

13. I hereby certify that the information supplied with this filling 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 further 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. Howard L. Sloneker, III

CITY-ST-ZIP

SIGNATURE:

CINCINNATI OH

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (513) 603-2317

Daytime Phone #