FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2002 8:00 am \$ Secretary of State DOCUMENT # F93000003978 1. Entity Name 04-16-2002 90044 042 \*\*\*150 00 OCASCO BUDGET, INC. Principal Place of Business Mailing Address 136 NORTH THIRD STREET 136 NORTH THIRD STREET HAMILTON OH 45025 HAMILTON OH 45025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1364002 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORTON, TOM Street Address (P.O. Box Number is Not Acceptable) 500 WINDERLY PLACE, SUITE 200 MAITLAND FL 32751-7207 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. Chairman TITLE Delete TITLE Change XX Addition Stanley N. Pontius RICZKO, ELIZABETH NAME NAME STREET ADDRESS 136 NORTH THIRD STREET STREET ADDRESS 300 High Street HAMILTON OH CITY-ST-ZIP CITY-ST-ZIP Hamilton . OH 45011 TITLE **CFO** Change Addition TITLE DC Delete NAME WOODALL, WILLIAM L NAME Donald F. McKee STREET ADDRESS 6302 WINDCREST #825 STREET ADDRESS 9450 Seward Road CITY-ST-ZIP PLANO TE 75024 CITY-ST-ZIP Fairfield, OH 45014 ☐ Delete · TITLE XX Change ☐ Addition TITLE NAME MCDANIEL, DENNIS E NAME 9450 Seward Road STREET ADDRESS 136 NORTH THIRD ST STREET ADDRESS Fairfield, OH 45014 CITY-ST-ZIP CITY-ST-ZIP HAMILTON OH "XX Change **PCEO PCEOD** TITLE ☐ Delete TITLE ☐ Addition CARMICHAEL, DAN R NAME NAME 9450 Seward Road STREET ADDRESS 136 NORTH THIRD ST STREET ADDRESS Fairfield, OH CITY-ST-ZIP HAMILTON OH CITY-ST-ZIP 45014 **SVP** ŢITLE TITLE . Change ☐ Addition ☐ Delete· -NAME CRANE, DEBRA K NAME STREET ADDRESS 136 NORTH THIRD ST STREET ADDRESS CITY-ST-ZIP HAMILTON OH CITY-ST-ZIP SVPSD **VPSD** TITLE ☐ Delete TITLE √ Y Change ☐ Addition SLONEKER, HOWARD L III NAME 9450 Seward Road STREET ADDRESS 7 LITTLE CREEK LANE STREET ADDRESS Fairfield, OH 45014 CITY-ST-ZIP CINCINNATI OH CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**COUIR Den**nis E. McDaniel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(513) 603-2197