FILED Apr 21, 2003 8:00 am Secretary of State

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DOCUMENT # 1. Entity Name J. FERGUS, INC.	F93000005491	

Entity Nar J. FERGL					3				04-21-2003	3 90306 03	4 ***13	50.00
5220 PRESTON CT. 5220		nailing Address 220 PRESTON CT. POWELL OH 43065 S										
Principal Place of Business 3. Mailli		ailing Address					i i iik u 1818 o 7616 o b all s		liei biiki dii			
Suite, Apt. #, etc. Suit		ite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State City		City	y & State				4. FEI Numb	31-1152290 -			Applied For Not Applicable	
Zip		Country	Zip		Countr	ry			e of Status Desired	LJ	\$8.75 / Fee Requ	
	6. Name	and Address of Curr	ent Registere	ed Agent				7. Name and	d Address of New	Registered A	lgent	
			نستحسين			=Name ==	5. 			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
BURT, MARGARET G 413 WILLARD AVE.					Street Address (P.O. Box Number is Not				ole)			
	ACRES FL 3	3936										
						City			· · · · · · · · · · · · · · · · · · ·	FL.	Zip C	
	e named entity tions of regist	y submits this stateme lered agent.	nt for the purp	ose of changing its	registered	d office or r	registered	d agent, or bo	oth, in the State of F	Florida. I am f	amiliar wit	h, and accept
SIGNATURE	Signature, typed	or printed name of registered a	agent and title if app	olicable. (NOTE	E: Registered	Agent signature	e required wh	hen 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												
Afte	r May 1, 200	03 Fee will be \$550.	.00		•				lection Campaign Frust Fund Contribut	~ ~		.00 May Be ded to Fees
Afte	r May 1, 200	D3 Fee will be \$550 Florida Departmen	.00	RS	11.			Tr	, -	ion.	Ado	ded to Fees
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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 peopt 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 trusfee 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:

4/18/03 Date

(614) 431-6006