2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9400000529 Jul 19, 2000 8:00 am 1. Entity Name **Secretary of State** NELSON TREE SERVICE, INC. 07-19-2000 90006 042 ***550.00 Principal Place of Business Mailing Address SUITE 205 SUITE 205 3300 OFFICE PARK DRIVE 3300 OFFICE PARK DRIVE DAYTON OH 45439 DAYTON OH 45439 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-0998373 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME BRUMBAUGH, FRED C NAME STREET ADDRESS STREET ADDRESS 3300 OFFICE PARK DRIVE. SUITE 205 CITY-ST-ZIP CITY-ST-ZIP **DAYTON OH 45439** ☐ Change Addition TITLE secretour Rigot, Joseph M Plaza NE NAME CHERNESKY, RICHARD J NAME STREET ADDRESS 10 COURTHOUSE PLAZA, S.W., SUITE 1100 STREET ADDRESS 45401-8801 Dayton, OH CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45402 --- : Change ---- Addition -TITL F TITLE. NAME JONES, JEFFREY D NAME STREET ADDRESS STREET ADDRESS 10 COURTHOUSE PLAZA, S.W., SUITE 1100 CITY-ST-ZIP CITY-ST-ZIP DAYTON OH ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BRUMBAOUGH, SAMUEL P STREET ADDRESS STREET ADDRESS 3300 OFFICE PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP DAYON OH ☐ Delete Change Addition TITLE TITLE CAS NAME NAME LAUGHMAN, MICHAEL W STREET ADDRESS STREET ADDRESS 2605 HIGHLAND VILLAGE LANE CITY-ST-ZIP CITY-ST-ZIP MIAMISBURG OH TITLE Change Delete Addition TITLE VP. NAME NAME NEKOLA, LOU STREET ADDRESS STREET ADDRESS 10830 MEADOW TRAIL CITY-ST-ZIP CITY-ST-7IP STONGSVILLE OH

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:

031-29U-1313