

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002292

1. Entity Name

TA OPERATING CORPORATION

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90007 015 ***150.00

Principal Place of Business

Mailing Address

~~24601 CENTER RIDGE, SUITE 300~~
~~WESTLAKE, OH 44145~~

~~24601 CENTER RIDGE, SUITE 300~~
~~WESTLAKE, OH 44145~~

WESTLAKE, OH 44145

WESTLAKE, OH 44145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1747077

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 KUHN, EDWIN P
 24601 CENTER RIDGE RD
 WESTLAKE OH ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SVP
 GEORGE, JAMES W
 24601 CENTER RIDGE RD
 WESTLAKE OH ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CALHOUN, ROBERT B JR
 650 MADISON AVE., 9TH FL
 NEW YORK NY 10022 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 TWO CANAL PARK
 CAMBRIDGE, MA 02141

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LYNCH, EUGENE P
 650 MADISON AVE., 9TH FL
 NEW YORK NY 10022 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 TWO CANAL PARK
 CAMBRIDGE, MA 02141

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPGC
 LEE, STEVEN C
 24601 CENTER RIDGE RD., STE 300
 WESTLAKE OH 44145-5834 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 24601 CENTER RIDGE Rd. STE.300
 WESTLAKE, OH 44145-5834

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MISCHIANI, LOUIS J
 ONE STATION PL
 STAMFORD CT 06902 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN P. KUHN

PRESIDENT & C.E.O.

4-25-00 (440)808-3385

Daytime Phone #

CR2E034 (9/99)