2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9400002735 1. Entity Name W.B. COAL COMPANY, INC.					Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90317 037 ***158.75			
Principal Place of Business 17 SOUTH HIGH ST SUITE 1220 COLUMBUS OH 43215 US		Mailing Address 17 SOUTH HIGH STREET SUITE 1220 COLUMBUS OH 43215 US						
2. Principal Place of Business 3. Mailing Address					i sadiken kun soski dinik båku hovu boru ödku	.I WW#!W IIWI# IWWW I	,	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			•	
City & State	е	City & State		4. F	El Number 34-1338062	 	plied For t Applicable	
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	\$8.75 Add	litional	
_, ~~	6. Name and Address of Current R	tegistered Agent		7. N	lame and Address of New Registered	<u> </u>		
ş			Name	Name				
BOICH, W	Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDERDALE FL 33309			City	City Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office or rea	istered age				
SIGNATURE.	Signature, typed or printed name of registered agent ar		legistered Agent signature rec				<u>_</u> _	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND D		12.	ADI	DITIONS/CHANGES TO OFFICERS AF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Boich, Wayne 17 South Hight St., Suite 122 Columbus oh 43215	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST SOVELL, MAX 17 SOUTH HIGH ST., SUITE 1220 COLUMBUS OH 43215	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		er ign	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall have	the same l	egal effect as if made under oath; that	I am an officer	or director	