

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90178 030 ***150.00

DOCUMENT # F94000006461

1. Entity Name
OTTAWA PROPERTIES, INC.

Principal Place of Business

Mailing Address

8000 YANKEE RD.
 OTTAWA LAKE MI 49267

PO BOX 931
 TOLEDO OH 43697

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 **38-3057047**

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 _____ (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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SHULTZ, EDWARD J	
STREET ADDRESS	4500 DORR ST	
CITY-ST-ZIP	TOLEDO OH 43615	
TITLE	P	<input type="checkbox"/> Delete
NAME	AXTELL, A. CALVIN JR	
STREET ADDRESS	515 CONGRESS AVE. STE 2525	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	CZARKA, CHRISTOPHER J	
STREET ADDRESS	4500 DORR ST	
CITY-ST-ZIP	TOLEDO OH 43615	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDEN, GARY	
STREET ADDRESS	4500 DORR ST	
CITY-ST-ZIP	TOLEDO OH	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HANSEN, AMY L	
STREET ADDRESS	1801 RICHARDS RD.	
CITY-ST-ZIP	TOLEDO OH	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FILCEK, RODNEY R	
STREET ADDRESS	1801 RICHARDS ROAD	
CITY-ST-ZIP	TOLEDO OH 43607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Snell	
STREET ADDRESS	660 Blavercreek Circle	
CITY-ST-ZIP	Marysville OH 43537	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal Barnard	
STREET ADDRESS	1801 Richards Rd.	
CITY-ST-ZIP	Toledo OH 43607	

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: Wendy Snell Date: 01-19-01 Daytime Phone #: (419) 897-7380

CR2E034 (10/00)