2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000000967

333 E CENTER ST

MARION, OH 43302

Address:

City-St-Zip:

Entity Name: MACOLA, INC.

Mar 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 333 E. CENTER ST. MARION, OH 43302 **Current Mailing Address: New Mailing Address:** 333 E. CENTER ST MARION, OH 43302 FEI Number: 31-0809288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOLLINGER, BRUCE Name: Name: 333 E CENTER STILL Address: Address: City-St-Zip: MARION, OH 43302 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: VERMA, SANJEEV Name: KENT, JAMES B 333 E CENTER ST 300 BRICKSTONE SQUARE Address: Address: MARION, OH 43302 ANDOVER, MA 01810 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition HADDAD, DALE NELSON, CAROL S Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

333 E CENTER ST

MARION, OH 43302

SIGNATURE: BRUCE A. HOLLINGER PRES 03/26/2002