

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000983

1. Entity Name

CSW MANAGEMENT SERVICES, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90024 016 ***150.00

Principal Place of Business

Mailing Address

250 EAST FIFTH STREET
CINCINNATI OH 45202
US

ONE EAST FOURTH STREET
8TH FLOOR
CINCINNATI OH 45202-3717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0148645

Applied For

Not Applicable

Zip

Country

Zip

Country

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 DC ☐ Delete
NAME TATE, JEFFREY S
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D/C/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MUETHING, MARK F
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D/SV/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MANEY, WILLIAM J
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

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

TITLE S ☒ Delete
NAME GAYNOR, WILLIAM T JR
STREET ADDRESS 440 MT. RUSHMORE ROAD
CITY-ST-ZIP RAPID CITY SD 57701

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

TITLE PD ☒ Delete
NAME STREETMAN, JOHN A
STREET ADDRESS 1201 ROBERTS BLVD
CITY-ST-ZIP KENNESAW GA 30144

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

TITLE AT ☐ Delete
NAME MISCHALL, THOMAS E
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

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

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:

Thomas E. Mischall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischall, Assistant Treasurer

4/5/2000

513-579-2171

Date

Daytime Phone #

CR2E034 (9/99)