

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
05-16-2001 90013 032 \*\*\*150.00

0566221

**DOCUMENT # F95000000984**

1. Entity Name

**LAURENTIAN CREDIT SERVICES CORPORATION**

Principal Place of Business

Mailing Address

**250 EAST FIFTH STREET  
CINCINNATI OH 45202****ONE EAST FOURTH STREET  
8TH FLOOR  
CINCINNATI OH 45202****549818**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **23-2788961**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PD			
	STREETMAN, JOHN A	1201 ROBERTS BLVD.	KENNESAW GA 30144	
	D			<input type="checkbox"/> Delete
	MUETHING, MARK F	250 EAST FIFTH STREET	CINCINNATI OH 45202	
	S			<input type="checkbox"/> Delete
	GAYNOR, WILLIAM T JR	525 VINE STREET	CINCINNATI OH 45202	
	DCP			<input type="checkbox"/> Delete
	TATE, JEFFREY S	250 EAST FIFTH STREET	CINCINNATI OH 45202	
	T			<input type="checkbox"/> Delete
	MANEY, WILLIAM J	250 EAST FIFTH STREET	CINCINNATI OH 45202	
	AT			<input type="checkbox"/> Delete
	MISCHELL, THOMAS E	ONE EAST FOURTH STREET 8TH FLOOR	CINCINNATI OH 45202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell  
Assistant Treasurer

4/25/2001

513-579-2171

Date

Daytime Phone #

CR2E034 (10/00)