2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500004005 1. Entity Name INDUSTRIAL VIBRATION CONSULTANTS, INC.

Principal Place of Business Mailing Address

210 S WEST ST LEBANON OH 45036 210 S WEST ST

LEBANON OH 45036-2163

FILED Jun 20, 2000 8:00 am Secretary of State 06-20-2000 90012 014 ***550.00

Sure, Apt. #, etc. Sure, Apt. #, etc. City & State City					E HADSHAR SHIZ CANSS DIVIN 28HIN CANNA CANNA ARNIY BADIY BADIY ARNIY ARNIY ARNIY ARNIY ARNIY ARNIY ARNIY ARNI		
City & State City & State City & State City & State Country Country Country S. Certification of Status Desired Sa. 75 Additional Per Prequired 6. Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code This consponation is a ligible to satisfy its Intamptible Tax filing requirement and election do so. After MAY 1, 2000 Fee will be \$550.00 To Rection Curroal/gin Prinancing Flank MAY 1, 2000 Fee will be \$550.00 After	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Fig. Placytried 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Page Placytried 8. The above named entity subjusts this stjetnment for the purpose of changing its registered agent, or both, in the State of Fiorida. 8. The above named entity subjusts this stjetnment for the purpose of changing its registered agent, or both, in the State of Fiorida. 8. This above named entity subjusts this stjetnment for the purpose of changing its registered agent, or both, in the State of Fiorida. 8. This above named entity subjusts this stjetnment for the purpose of changing its registered agent, or both, in the State of Fiorida. 8. This corporation is eligible to satiety its Intengible, Tax filting requirement and electis to do so. Make Check Payable to Department of State of Fiorida. 9. This corporation is eligible to satiety its Intengible. Tax filting requirement and electis to do so. Make Check Payable to Department of State on Dock! 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. OFFICERS A	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	City & State				21-1102/28 3		
SMITH, JAMES G 20 SAN CARLO AVE GULF BREEZE FL 32561 8. The above named entity suitable this signment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE 9. This corporation is eligible to salsely its intagration. Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00	Zip	Country	Zip	Country			
STREET ADDRESS OF THE EBANON OH 45036 OTTY-ST-2P CT-15-2P	-	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent		
8. The above named entity such its this signament for the purpose of changing its registered agent, or both, in the State of Forida. SIGNATURE 9. This corporation is eligible to safely its intangible Tax fling requirement and elects to do so. (Socienteria) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DCVS STREET ADDRESS CITY-51-7P LEBANON OH 45036 CITY-51-7P CITY TITLE Delete Delete TITLE Delete Delete TITLE Delete D	20 SAN CARLO AVE						
SIGNATURE Signature Signa				City	FL Zip Code		
Make Check Payable to Department of State Trush From Continuous Addition Additio	SIGNATURE .	Signature, typed or pripid name of roundered algent a praction is eligible to satisfy its Intangible	FILE NOW!	: Registered Agent signature	ture required when reinstating) DATE DATE DO 10. Election Campaign Financing \$5.00 May Be		
TITLE NAME PEPERSON, JEFFREY J 210 S WEST ST. LEBANON OH 45036 TITLE NAME PEPERSON, DEBBY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	_	·			550.00 Trust Fund Contribution. Added to Fees		
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	LEBANON OH 45036	☐ Delete	TITLE NAME STREET ADDRESS	. Change Addition		
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The thereby certify that the information adopting with this string does not quality for the exemption stated in section 113.07(3)(1), I long a statutes, I rutine certify that the information 1	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th		NAME STREET ADDRESS CITY-ST-ZIP			

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. CLARK, SCHAEFER, HACKETT'S CO.:

SIGNATURE:

CERTIFIED PUBLIC ACCOUNTANTS Middletown, Unlay A5942 a #