

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90185 045 ***150.00

CR12629 AV

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1. Entity Name

RESIDENTIAL CONSTRUCTION SPECIALITIES, INC.



Principal Place of Business
312 WALNUT STREET, SUITE 1600
CINCINNATI OH 45202

Mailing Address
312 WALNUT STREET, SUITE 1600
CINCINNATI OH 45202

2. Principal Place of Business

3. Mailing Address

8585 Duke Blvd.

8585 Duke Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mason, OH

City & State

Mason, OH

Zip

45040

Country

Zip

45040

Country

4. FEI Number

58-2134021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCHWAEMMLE, JOHN R
STREET ADDRESS 312 WALNUT STREET, SUITE 1600
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS 8585 Duke Blvd
CITY-ST-ZIP Mason, OH 45040

TITLE SD
NAME LOPEZ, DAVID B
STREET ADDRESS 312 WALNUT STREET, SUITE 1600
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS Secretary
CITY-ST-ZIP David E. Troller
8585 Duke Blvd
Mason, OH 45040

TITLE D
NAME BALEMIAN, ROBERT
STREET ADDRESS 312 WALNUT STREET, SUITE 1600
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS 8585 Duke Blvd
CITY-ST-ZIP Mason, OH 45040

TITLE D
NAME SMITH, FRANKLIN H JR
STREET ADDRESS 312 WALNUT STREET, SUITE 1600
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS 8585 Duke Blvd
CITY-ST-ZIP Mason, OH 45040

TITLE C
NAME WAGNER, BILL
STREET ADDRESS 312 WALNUT STREET, SUITE 1600
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS Vice President
CITY-ST-ZIP 8585 Duke Blvd
Mason, OH 45040

TITLE T
NAME GIBBONS, THOMAS D
STREET ADDRESS 312 WALNUT STREET STE 1600
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS 8585 Duke Blvd
CITY-ST-ZIP Mason, OH 45040

12. 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 10 or Block 11 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

4/7/03

Date

513/770/4800

Daytime Phone #

CR2E034 (10/02)