## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F96000002375

CONNOR, KEVIN H

GAHANNA, OH 43230

630 MORRISON RD STE. 150

Name:

Address:

City-St-Zip:

Entity Name: THOMPSON SLUSSER, INC.

Apr 11, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 630 MORRISON RD STE 150 GAHANNA, OH 43230 **Current Mailing Address: New Mailing Address:** 630 MORRISON RD STE 150 GAHANNA, OH 43230 FEI Number: 31-1313708 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 Title: (X) Change ( ) Addition THOMPSON, GREGORY A THOMPSON, GREGORY A Name: Name: 630 MORRISON RD STE. 150 630 MORRISON RD STE. 150 Address: Address: City-St-Zip: GAHANNA, OH 43230 City-St-Zip: GAHANNA, OH 43230 Title: Title: PD (X) Change ( ) Addition () Delete Name: SLUSSER, BRIAN Name: SLUSSER, BRIAN 630 MORRISON RD STE. 150 630 MORRISON RD STE. 150 Address: Address: GAHANNA, OH 43230 GAHANNA, OH 43230 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition VST

 Title:
 P (X) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 BARWIG, MARK P
 Name:

 Address:
 630 MORRISON RD., SUITE 150
 Address:

 City-St-Zip:
 GAHANNA, OH 43230
 City-St-Zip:

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.

Name:

Address:

City-St-Zip:

CONNOR, KEVIN H

GAHANNA, OH 43230

630 MORRISON RD STE. 150

SIGNATURE: KEVIN H. CONNOR ST 04/11/2002