

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90126 003 ***550.00

DOCUMENT # F96000005329

1. Entity Name

MOBILE CONSULTANTS, INC.

Principal Place of Business

**111 GLAMORGAN AVE
 ALLIANCE OH 44601
 US**

Mailing Address

**111 GLAMORGAN AVE
 ALLIANCE OH 44601
 US**

2. Principal Place of Business

3. Mailing Address

III CASCADE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5th Floor- Actg

City & State

City & State

AKRON OH

Zip

Country

Zip

Country

44308

US

4. FEI Number

34-1831194

Applied For

Not Applicable

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

LEXIS DOCUMENT SERVICES, INC.

3953 WW KELLY RD.

TALLAHASSEE FL 32311

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **MEEK, JEFFREY E**
 STREET ADDRESS **111 GLAMORGAN AVE**
 CITY-ST-ZIP **ALLIANCE OH 44601**

TITLE **D** ☐ Change ☒ Addition
 NAME **SID A. BOSTIC**
 STREET ADDRESS **III CASCADE PLAZA**
 CITY-ST-ZIP **AKRON OH 44308**

TITLE **SRV** ☒ Delete
 NAME **HALL, STEVEN**
 STREET ADDRESS **111 GLAMORGAN AVE**
 CITY-ST-ZIP **ALLIANCE OH 44601**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN R MACSO**
 STREET ADDRESS **III CASCADE PLAZA**
 CITY-ST-ZIP **AKRON OH 44308**

TITLE **SRVD** ☐ Delete
 NAME **HUNG, DARRELL**
 STREET ADDRESS **111 GLAMORGAN AVE**
 CITY-ST-ZIP **ALLIANCE OH 44601**

TITLE **D** ☐ Change ☒ Addition
 NAME **WILLIAM E. STANSIFER**
 STREET ADDRESS **III CASCADE PLAZA**
 CITY-ST-ZIP **AKRON OH 44308**

TITLE **SRV** ☒ Delete
 NAME **JAMES, RONALD III**
 STREET ADDRESS **111 GLAMORGAN AVE**
 CITY-ST-ZIP **ALLIANCE OH 44601**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARK N. DUHAMEL**
 STREET ADDRESS **III CASCADE PLAZA**
 CITY-ST-ZIP **AKRON OH 44308**

TITLE **CSD** ☐ Delete
 NAME **WORKMAN, ROBERT**
 STREET ADDRESS **111 GLAMORGAN AVE**
 CITY-ST-ZIP **WOOSTER OH 44691**

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

TITLE **T** ☐ Delete
 NAME **ZELENKA, JOHN**
 STREET ADDRESS **111 GLAMORGAN AVE**
 CITY-ST-ZIP **WOOSTER OH 44691**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/2002

Date

Daytime Phone #

CR2E034 (4/02)