

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90047 019 ***150.00

DOCUMENT.# F97000000153

1. Entity Name

CROWN PAPER CO.

Principal Place of Business

**4445 LAKE FOREST DRIVE
STE. 700
CINCINNATI OH 45242**

Mailing Address

**4445 LAKE FOREST DRIVE
STE. 700
CINCINNATI OH 45242**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **54-1752384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	OLAH, ROBERT A	
STREET ADDRESS	4445 LAKE FOREST DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	
TITLE	SVCA	<input type="checkbox"/> Delete
NAME	DAVIS, EVAN C	
STREET ADDRESS	4445 LAKE FOREST DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	
TITLE	EVCF	<input checked="" type="checkbox"/> Delete
NAME	STUART, R. NEIL	
STREET ADDRESS	4445 LAKE FOREST DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, CHARLES	
STREET ADDRESS	4445 LAKE FOREST DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE B	
STREET ADDRESS	4445 LAKE FOREST DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOWALTER, E. LEE	
STREET ADDRESS	4445 LAKE FOREST DRIVE	
CITY-STATE-ZIP	CINCINNATI OH 45242	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04-18-01 513 588-1702

CR2E034 (10/00)