

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-28-2002 91754 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002498 ✓

1. Entity Name

CMHC Systems, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Dublin, OH

3. Mailing Address

570 metro PI N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

40092

City & State

DUBLIN OH

City & State

570 metro PI N

4. FEI Number

31-0941756

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name CT Corporation

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

1800 S PINE ISLAND RDCity PLANTATION

FL

Zip Code 33324DO NOT WRITE
IN THIS SPACE

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 rechartering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE President
 NAME John A Paton
 STREET ADDRESS 570 metro PI N
 CITY-ST-ZIP DUBLIN OH 43017

TITLE Secretary
 NAME Scott Whitlock
 STREET ADDRESS Same
 CITY-ST-ZIP Same

TITLE Treasurer
 NAME Terry Thomas
 STREET ADDRESS Same
 CITY-ST-ZIP Same

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John A Paton, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

614-764-0143

Daytime Phone #

CR2E034B (12/01)