

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90103 012 \*\*\*150.00

900989



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000005031

1. Entity Name

MODE OF OHIO CORPORATION

Principal Place of Business

Mailing Address

300 E STROOP RD.  
 DAYTON OH 45429

300 E STROOP RD.  
 DAYTON OH 45429-2800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1211840

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STROM, JERRY  
 5111 OCEAN BLVD.  
 SARASOTA FL 34242

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.

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, 2000 Fee will be \$550.00**  
**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: PVT  
 NAME: HAWTHORNE, SARA S  
 STREET ADDRESS: 1476 W. ALEX-BELL RD.  
 CITY-ST-ZIP: DAYTON OH 45459  Delete

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

TITLE: DC  
 NAME: SPAYD, ROBERT V  
 STREET ADDRESS: 4 RUE ROYALE  
 CITY-ST-ZIP: DAYTON OH 45459  Delete

TITLE: SD  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: 386 RUE MARSEILLE  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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 CITY-ST-ZIP:  Delete

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

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: *Sara Hawthorne*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 SARA JANE (SALLY) HAWTHORNE

1/10/00 937-438-3180  
 Date Daytime Phone #

CR2E034 (9/99)