2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800000780 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** LIFETIME CAPITAL INC. 03-14-2000 90060 034 ***158.75 Principal Place of Business Mailing Address 1 PRESTIGE PLACE, STE. 210 1 PRESTIGE PLACE, STE. 210 MIAMISBURG OH 45342 MIAMISBURG OH 33441-1834 7:2 ... 2. Principal Place of Business 3. Mailing Address tairwa 35 O Fairway 350 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 35<u>0</u> Applied For City & State 4. FEI Number 86-0873350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired いらん Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **DPS** ☐ Addition TITLE Delete LANGE, ROGER W NAME NAME STREET ADDRESS ONE PRESTIGE PL. STE 210 STREET ADORESS CITY-ST-ZIP MIAMISBURG OH 45342 CITY-ST-7IP K Change ☐ Addition Delete TITLE TITLE KIENINGER, CYNTHIA L NAME NAME ONE PRESTIGE PL. STE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMISBURG OH 45342 CITY-ST-ZIP TITLE TITLE MERRILL, SHAUSTA A NAME

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NAME STREET ADDRESS

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.

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CITY-ST-ZIP 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 ent with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

ONE PRESTIGE PL. STE 210

MIAMISBURG OH 45342

FL

Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

Zip Code

CR2E034 (9/99)