

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002616

1. Entity Name

3D/GROUP, INC.

Principal Place of Business

240 NORTH FIFTH STREET, SUITE 340
COLUMBUS OH 43215-2661

Mailing Address

240 NORTH FIFTH STREET, SUITE 340
COLUMBUS OH 43215-2661

2. Principal Place of Business

266 N. FOURTH ST., SUITE 200

Suite, Apt. #, etc.

3. Mailing Address

266 N. FOURTH ST., SUITE 200

Suite, Apt. #, etc.

City & State

COLUMBUS, OHIO

City & State

COLUMBUS, OHIO

4. FEI Number

31-0921250

Applied For

Not Applicable

Zip

43215-2511

Country

USA

Zip

43215

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DASCENZO, WILLIAM
201-B TYLER AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PS ☐ Delete
NAME COLOSIMO, ANTONIO
STREET ADDRESS 240 NORTH FIFTH STREET, SUITE 340
CITY-ST-ZIP COLUMBUS OH 43215-2661

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 266 N. FOURTH ST., SUITE 200
CITY-ST-ZIP COLUMBUS, OHIO 43215-2511

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2001

Date

614.464.3600

Daytime Phone #

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90388 021 ***150.00

977480



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)