

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90007 006 ***150.00

A0075146

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000003441					
1. Entity Name					
HUNTINGTON INSURANCE AGENCY, INC.					
Principal Place of Business			Mailing Address		
541 BUTTERMILK PIKE, CRESCENT SPRINGS, KY			SUITE 301 41017		
2. Principal Place of Business			3. Mailing Address		
			41 S. HIGH ST. (HC0640)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
			COLUMBUS, OH		
City & State			City & State		
Zip		Country		4. FEI Number	
43215		USA		61-1315054	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
CT 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	SEIFFERT, RONALD J.		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	41 SOUTH HIGH STREET		NAME		
CITY - ST - ZIP	COLUMBUS, OH 43215		STREET ADDRESS		
			CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, DANIEL W.		NAME		
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS		
CITY - ST - ZIP	COLUMBUS, OH 43215		CITY - ST - ZIP		
TITLE	OFF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERSBACH, JOHN W.		NAME		
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS		
CITY - ST - ZIP	COLUMBUS, OH 43215		CITY - ST - ZIP		
TITLE	OFF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, THOMAS J.		NAME		
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS		
CITY - ST - ZIP	COLUMBUS, OH 43215		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>THOMAS J. HARMON</i> 6/13/01					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					