

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90371 041 ***150.00

DOCUMENT # F98000004145

1. Entity Name

NATIONAL SPECIALTY SERVICES, INC.

Principal Place of Business

Mailing Address

**7000 CARDINAL PLACE
 DUBLIN OH 43017**

**7000 CARDINAL PLACE
 DUBLIN OH 43017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1341167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT D	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KANE, JOHN C	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOLIN, LISA M	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	WAGONER, STEPHANIE A	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, GLENN L	
STREET ADDRESS	5555 GLENDON CT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Richard J.	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brandon, Donna	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Glenn L. Martin 1-15-01 614-757-5000

Date

Daytime Phone #