

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90372 032 ***150.00

DOCUMENT # F98000004175

1. Entity Name
NACOM CORPORATION

Principal Place of Business

**6525 W CAMPUS OVAL
STE 200
NEW ALBANY OH 43054
US**

Mailing Address

**PO BOX 1643
FT WORTH TX 76101-1643
US**

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

31-1603134

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2002 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 ☒ Delete
NAME **PD**
STREET ADDRESS **KILINSKI, ROBERT J**
CITY-ST-ZIP **200 TAYLOR STREET STE 700
FORT WORTH TX 76102**

TITLE ☐ Change ☒ Addition
NAME **President/Director**
STREET ADDRESS **Richard J. Borinstein**
CITY-ST-ZIP **100 Throckmorton St Ste 1900
Fort Worth, TX 76102**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CHRISTOPHER, DAVID**
CITY-ST-ZIP **100 THROCKMORTON STREET STE 1900
FORT WORTH TX 76102**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **DAVID J. Edmondson**
CITY-ST-ZIP **100 Throckmorton St Ste 1900
Fort Worth, TX 76102**

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **LAMBERT, LINDA E**
CITY-ST-ZIP **6525 W CAMPUS OVAL STE 200
NEW ALBANY OH 43054**

TITLE ☒ Change ☐ Addition
NAME **Remove as Treasurer**
STREET ADDRESS **is Vice President only**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **HORN, ROBERT B**
CITY-ST-ZIP **1900 E. DUBLIN-GRANVILLE RD, STE 100A
COLUMBUS OH**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **DONALD R. Carpenter**
CITY-ST-ZIP **6525 W. Campus Oval Ste 200
New Albany, OH 43054**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CARPENTER, DONALD R**
CITY-ST-ZIP **1900 E. DUBLIN-GRANVILLE RD, STE 100A
COLUMBUS OH**

TITLE ☐ Change ☒ Addition
NAME **Vice President- Finance**
STREET ADDRESS **Loren K. Jensen**
CITY-ST-ZIP **100 Throckmorton ST Ste 1800
Fort Worth TX 76102**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GOLDBERG, DAVID S**
CITY-ST-ZIP **100 THROCKMORTON STREET STE 1700
FORT WORTH TX 76102**

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: *David S. Goldberg* **David S. Goldberg** Secretary **4-11-02** (817) 415-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)