# 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

#### **FILED** Feb 16, 2000 8:00 am Secretary of State DOCUMENT # F98000005753 COLEWOOD-CONFU MION 02-16-2000 90039 043 \*\*\*150.00 Principal Place of Business TAX DEPT 333 NORTH SUMMIT A0020058 TAX DEPT TOLEDO OH 43699-0086 TOLEDO OH 43604-2617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number <sup>L</sup>52-09856217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CLK INKE ☐ Change ☐ Delete TITLE TITLE ORMOND, PAUL A NAME NAME 333 NORTH SUMMIT STREET ADORESS STREET ADDRESS CITY-ST-ZIP TOLEDO OH 43699-0086 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WEIKEL, M. KEITH NAME NAME 333 NORTH SUMMIT STREET ADDRESS STREET ADDRESS TOLEDO OH 43699-0086 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 \$07, Florida Statutes; and that my name appears in Bjock 11 or Block 12 if

98000005753

# American Hospital Building Corporation

### OFFICERS

Paul A. Ormond M. Keith Weikel Geoffrey G. Meyers

R. Jeffrey Bixler
Nancy A. Edwards
Jeffrey W. Ferguson
Larry R. Godla
David C. Heberling
K. Peter Kemezys
James P. Pagoaga
Richard W. Parades
Leo H. Phillips, Jr.
F. Joseph Schmitt
Douglas G. Haag
Steven M. Cavanaugh

John P. Butenas David L. Gehrich Chairman, President & Chief Executive Officer Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary

Vice President, General Manager, Central Division

Vice President, General Manager, Midwest Division

Vice President, Construction

Vice President, Employee Relations

Vice President, Assoc. Gen. Counsel & Ass't. Sec'y.

Vice President, Rehabilitation Services

Vice President, General Manager, Mid States Div.

Vice President, Assoc. Gen. Counsel & Ass't. Sec'y.

Vice President, General Manager, Southern Division

Treasurer

Assistant Vice President, Director of Corporate Development & Assistant Secretary

Asst. General Counsel & Asst. Secretary Assistant Secretary & Assistant Treasurer

## **DIRECTORS**

Paul A. Ormond Geoffrey G. Meyers M. Keith Weikel

#### ADDRESS FOR ALL ABOVE IS:

333 N. Summit St. Toledo, Ohio 43604 Phone: (419) 252-5500