## **FILED**

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

COF ANN	PROFIT RPORATION JAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		May 24, 1999 8:00 am Secretary of State 05-24-1999 90019 048 ***150.00	
	MENT # F98000006098	,	,		
Uni	ited Management, Inc.				<u> </u>
				_	
Principal Place of Business Mailing Address 209 E. STATE ST. 209 E. STATE ST.					
		COLUMBUS OH 43215		DO NOT WRITE IN THI	e SDACE
				3, Date Incorporated or Qualifed	3 GF AUL
				11-20-54	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		31-0685557	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
23	ic	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year le	ntangible □ Yes <b>⊠</b> No
24	25		30 -	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Adgisters	
Cha	ristopher A. Detzel, Esqui	ire		ress (P.O. Box Number is Not Acceptable)	
	O East Horatio Avenue, Su		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	itland, Fl 32894=1030		83		
			84 City	5	85 Zip Code
				F	
Office OF	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	oi Fighida. Such Change was au	monzeu by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	THE COLUMN COLUM	and this if applicable	Registered Agent signature require	art when reinstating) DATE	3 4 4
12.	Signature, typed or printed name of registered agent		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Casto, Don M./III		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	Columbus, OH 43215	☐ DELETE	1.4 C(TY-ST-ZIP		☐ Change ☐ Addition
TITLE	VDT     Benson, Frank S. III	C) nere ie	2.1 TITLE 2.2 NAME		
NAME STREET ADDRESS	000 7 . 7 . 0		2.3 STREET ADDRESS		
CITY-ST-ZIP	Colimbus, OH 43215		2.4 CITY-ST-ZIP		
TITLE	ASD	DELETE:	3.1 TITLE		Change Addition
NAME	Schofield, Harley C.		3.2 NAME		- <del></del>
STREET ADDRESS	209 East State Street Columbus, OH 43215		3.3 STREET ADDRESS		
Crry-ST-ZIP	D Columbus, On 43213	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	Benson, Nancy C.	LJ DELETE	4.2 NAME		
NAME STREET ADDRESS	200 3 5 5		4.3 STREET ADDRESS		
CITY-ST-ZIP	Columbus, OH 43215		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Moran, Ann C.		5.2 NAME		
STREET ADDRESS	209 East State Street		5.3 STREET ADDRESS		
CMY-ST-ZIP	Columbus, OH 43215	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	Wibbelsman, Nancy B	€ hereig	6.2 NAME		
NAME STREET ADDRESS	200 Foot State Street		6.3 STREET ADDRESS		
	Columbus, OH 43215		6.4 CITY-ST-ZiP		
14. I hereby	certify that the information supplied wit	h tygs filing does not qualify for t	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)