

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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90019 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006098 1. Corporation Name United Management, Inc. ✓			
Principal Place of Business 209 E. STATE ST. COLUMBUS OH 43215		Mailing Address 209 E. STATE ST. COLUMBUS OH 43215	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
3. Date Incorporated or Qualified 11-20-54		4. FEI Number 31-0685557 ✓ Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Christopher A. Detzel, Esquire 540 East Horatio Avenue, Suite 202 Maitland, FL 32894=1030		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCO <input type="checkbox"/> DELETE NAME Casto, Don M./III STREET ADDRESS 209 East State Street CITY-ST-ZIP Columbus, OH 43215		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VDT <input type="checkbox"/> DELETE NAME Benson, Frank S. III STREET ADDRESS 209 East State Street CITY-ST-ZIP Columbus, OH 43215		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ASD <input checked="" type="checkbox"/> DELETE NAME Schofield, Harley C. STREET ADDRESS 209 East State Street CITY-ST-ZIP Columbus, OH 43215		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME Benson, Nancy C. STREET ADDRESS 209 East State Street CITY-ST-ZIP Columbus, OH 43215		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME Moran, Ann C. STREET ADDRESS 209 East State Street CITY-ST-ZIP Columbus, OH 43215		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME Wibbelsman, Nancy B STREET ADDRESS 209 East State Street CITY-ST-ZIP Columbus, OH 43215		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

614 228-5331

CR2E034 (11/98)