2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am DOCUMENT # F9900000129 **Secretary of State** 1. Entity Name FAIR FINANCE COMPANY 02-12-2002 90088 044 ***158.75 Principal Place of Business Mailing Address 815 E. MARKET ST. 815 E. MARKET ST. AKRON OH 44305 AKRON OH 44305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 34-0211930 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ~ 6. Name and Address of Current Registered Agent CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISAND 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FAIR, DONALD R NAME NAME STREET ADDRESS STREET ADDRESS 815 E. MARKET ST. CITY-ST-ZIP **AKRON OH 44305** CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME HENNIGIN, JOSEPH J STREET ADDRESS STREET ADDRESS 815 E. MARKET ST. CITY-ST-ZIP CITY-ST-ZIP AKRON OH_44305 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME HEAD, JOHN J STREET ADDRESS STREET ADDRESS 815 E. MARKET ST. CITY-ST-ZIP CITY-ST-ZIP **AKRON OH 44305** ☐ Change Addition **X** Delete TITLE TITLE NAME NAME MCCAROTHY, MELINDA J STREET ADDRESS STREET ADDRESS 815 E. MARKET ST. CITY-ST-ZIP CITY-ST-ZIP AKRON OH 44305 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 in stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supple of the corporation or the receive changed, or on an attachment ith all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Henniquo

FILED

CR2E034 (9/01)