2001 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2001 8:00 am DOCUMENT # F9900001029 Secretary of State 1. Entity Name HANLIN RAINALDI CONSTRUCTION CORP. 02-21-2001 90017 015 ***150.00 Principal Place of Business Mailing Address 6610 SINGLETREE DR. 6610 SINGLETREE DR. COLUMBUS OH 43229 COLUMBUS OH 43229 C0023586 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 31-1356623 Not Applicable Zip Zip Country 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Change Addition TITLE C ☐ Delete TITLE NAME NAME KRULL, KRISTY STREET ADDRESS STREET ADDRESS 8381 SABLE CROSSING DR CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43240 ☐ Addition Delete TITLE Change RAINALDI, EDWARD M NAME STREET ADDRESS STREET ADDRESS 6857 LAKE FRONT BLVD. CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43235 Change ☐ Addition TITLE Delete TITLE NAME NAME HANLIN, MICHAEL O STREET ADDRESS STREET ADDRESS 2456 COLLINS DR. CITY-ST-ZIP CITY-ST-ZIP WORTHINGTON OH 43085 Hesidunt XX Addition TITLE ☐ Delete TITLE 3 ront Douglass NAME NAME 6610 Singletice Drive STREET ADDRESS STREET ADDRESS COlUMBUS DH 432 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-719

FILED

13. I hereby certify that the information supplied with this filing poes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #