

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90121 023 ***150.00

DOCUMENT # F99000002852

1. Entity Name

MOTOMAN, INC.

Principal Place of Business

Mailing Address

**805 LIBERTY LANE
WEST CARROLLTON OH 45449****805 LIBERTY LANE
WEST CARROLLTON OH 45449-2158**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1275631

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CD	MATSUNO, NORIE	2121 NORMAN DRIVE SOUTH WAUKEGAN IL 60085	<input type="checkbox"/>
	PCOO	JENNINGS, CRAIG S	805 LIBERTY LANE WEST CARROLLTON OH 45449	<input type="checkbox"/>
	DV	ABE, YOSHINORI	1050 SOUTH DORSET TROY OH 45373	<input type="checkbox"/>
	V	SCHNEE, MARK	805 LIBERTY LANE WEST CARROLLTON OH 45449	<input type="checkbox"/>
	VT	OSLER, PATRICK A	805 LIBERTY LANE WEST CARROLLTON OH	<input checked="" type="checkbox"/>
	S	WALL, HUGH E III	33 W. FIRST STREET DAYTON OH 45402	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	V	ROGER CHRISTIAN	805 LIBERTY LANE WEST CARROLLTON, OH 45449	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SCHNEE

Date

Daytime Phone #

937-847-6200

CR2E034 (9/99)