

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90296 007 ***150.00

DOCUMENT # F99000004641

1. Entity Name

STONEHENGE CAPITAL CORPORATION

Principal Place of Business

Mailing Address

150 E. GAY ST., 24TH FLOOR
 COLUMBUS OH 43215

150 E. GAY ST., 24TH FLOOR
 COLUMBUS OH 43215

2. Principal Place of Business

191 W. Nationwide Blvd.

3. Mailing Address

191 W. Nationwide Blvd.

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State
 Columbus, Ohio

City & State
 Columbus, Ohio

4. FEI Number **31-1647610**

Applied For

Not Applicable

Zip
 43215

Country
 USA

Zip
 43215

Country
 USA

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ADAMEK, THOMAS J**
 CITY-ST-ZIP **150 E. GAY ST., 24TH FLOOR**
COLUMBUS OH 43215

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **WITTEN, JOHN P**
 CITY-ST-ZIP **150 E. GAY ST., 24TH FLOOR**
COLUMBUS OH 43215

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **WEBBER, DAVID B**
 STREET ADDRESS **150 E. GAY ST., 24TH FLOOR**
 CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROOKS, RONALD D**
 CITY-ST-ZIP **150 E. GAY ST., 24TH FLOOR**
COLUMBUS OH 43215

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Witten

2/14/01 614-

Date

Daytime Phone #

CR2E034 (10/00)