

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24966

1. Entity Name

ADVANCED DISTRIBUTION SYSTEM, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90118 022 ***150.00

Principal Place of Business

Mailing Address

4181 ARLINGATE PLAZA
COLUMBUS OH 43228
US

PO BOX 28228
COLUMBUS OH 43228-0228
US

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 31-1116906

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

CT CORPORATION SYSTEM
1200 S. 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 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 PD
NAME BLUMENAUER, LEO
STREET ADDRESS 4181 ARLINGATE PLAZA
CITY-ST-ZIP COLUMBUS OH ☒ Delete

TITLE PRESIDENT
NAME CHRISTI, ROBERT
STREET ADDRESS 4181 ARLINGATE
CITY-ST-ZIP COLUMBUS OHIO ☐ Change ☐ Addition

TITLE ST
NAME WITTENBRINK, C G
STREET ADDRESS 4181 ARLINGATE PLAZA
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE V
NAME SMITH, CRAIG
STREET ADDRESS 4181 ARLINGATE PLAZA
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE D
NAME DELAVAN, JOHN P.
STREET ADDRESS 400 TECHCENTER DRIVE, SUITE 200
CITY-ST-ZIP MILFORD OH ☒ Delete

TITLE DIRECTOR
NAME JOHN CHANDLER
STREET ADDRESS 400 TECH CENTER DR. SUITE 200
CITY-ST-ZIP MILFORD OHIO ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

JAN 12, 2000 614-275-6900

CR2E034 (9/99)