

2001 UNIFORM BUSINESS REPORT (UBR)

0029122 AF

DOCUMENT # L00000009673

1. Entity Name
LONE WOLF CHARTER SYSTEMS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -1 PM 1:03

Principal Place of Business
ONE SHORELINE DRIVE
THORNVILLE OH 43076

Mailing Address
ONE SHORELINE DRIVE
THORNVILLE OH 43076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input checked="" type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired		\$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A.G.C. CO. 200 SOUTH ORANGE AVENUE SUNTRUST CENTER, SUITE 2300 ORLANDO FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, ANDREW B ONE SHORELINE DRIVE THORNVILLE OH 43076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Andrew B Wolfe Date Feb 20, 2001 Daytime Phone # 740/246-4404

CR2E083 (11/00)