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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L67027

1. Corporation Name

THE BANC STOCK GROUP, INC.

1105 SCHROCK RD. 1106 SCHROCK RD. 1107 S							((BB((B)) B(B \$))() (BB() B(B)) (B() (BB)) (B() (B)) (B() (B)) (B() (B)) (B() (B))
SIE 437 COLUMBUS ON 43229 US	•		Mailing Address				
COLUMBUS OH 4229 US 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 3. Dato Incorporated or Qualifed 04/18/1990 3. Dato Incorporated or Qualifed 04/18/1990 4. FEI Number		K RD.					
US US 3. Date incorporated or Qualified 04/18/1990 Applied For Applied For Suite, Apt. #, etc. City & State City & State City & State Zip Country Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 B1 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B3 SIGNATURE Signature, type or pregistered agent or both, in the State of Florida, Such change was sustaues, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, type or promote name of ingotoed agent audition if expecuable DELETE 11. Tittle DATE MACHION SYSTEM MATHIAS, JAMES MATHIAS, JAMES MATHIAS, JAMES MATHIAS, JAMES INSTREET ADDRESS INSTREET ADDRESS INS SCHROCK RD. COLUMBUS OH 43229 DELETE 21 mile DF				20			DO NOT WRITE IN THIS SPACE
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23 26 S5-0190407 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 27 State Status Desired \$8.75 Additional See Required Status Desired \$8.70 State Signature State State State State Signature State State State State Signature State State State State State Signature State State State State State State Signature State State State State State State State State State Signature State S	2 Dringing C	Nan of Rusings	2a Mailing Address				
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	<u> </u>	race of Business	 1	3			
S. Certificate of Status Desired Fee Required		#		<u> </u>			
City & State City & State City		. #, etc.		-			6 Codificate of Status Decired .
Zip Country Zip Country Zip Country St. Trust Fund Contribution Added to Fees Zip Country Zip Country St. Trust corporation owes the current year Intanglies No Personal Property Tax. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 83 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 21. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and title of Picture Significant, typed or printed rante of registered agent and title of Picture Significant significant registered Agent significant required when reministring) DATE		<u> </u>					
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COLUMBUS OH 43229	STREET ADDRESS	1105 SCHROCK RD.		3.3 9	TREET	TADDRESS	1105 Schrock Rd. 31
THE D DELETE 41 TIME C.F.O. V. Change M. Addition		1		3.4.0	CITY-S		Calumbus OH 45229
	TITLE	D	□ DEL				CFO, VP Change Addition

Columbus, OH 43239 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an ageriess, with all other like empowered.

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C/TY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

BUTNER, ROBERT

DSV

1105 SCHROCK RD.

QUINN, SANDRA L

1105 SCHROCK RD.

COLUMBUS OH 43229

THIERGARTEN, L. JEAN

COLUMBUS OH 43229

1105 SCHROCK RD.

COLUMBUS OH 43229

☐ DELETE

☐ DELETE

FILED

Secretary of State

03-04-1999 90212 005 ***150.00

Mar 04, 1999 8:00 am

seffreyc. Barton

mark A. Davis

Harry J. Ryan

1105 Schrock Rd. Ste 437

1105 Schrock Rd. Ste 437

Collimbus, OH 43229

1105 SCHrock Rd. Ste 437

Columbus,OH 43229

Addition

(X) Addition

Change

Change