FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am DOCUMENT # L67027 **Secretary of State** 1. Entity Name 02-03-2002 90021 037 ***150.00 DIAMOND HILL INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1105 SCHROCK RD. 1105 SCHROCK RD. \$ 15764 STE 437 STE 437 COLUMBUS OH 43229 COLUMBUS OH 43229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0190407 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Diane Reynolds Director CR2E034 (9/01) Change TITLE ☐ Delete Addition | 1105 Schrock Rd. Ste437 MATHIAS, JAMES NAME NAME STREET ADDRESS CO1UMbus OH 43739 STREET ADDRESS 1105 SCHROCK RD. CITY-ST-ZIP CITY-ST-7IP COLUMBUS OH 43229 John Rettia Director Addition ☐ Change TITLE DP ☐ Delete TITLE 1105 Schrock Road i Ste 487 NAME DILLON, RODERICK H JR NAME STREET ADDRESS STREET ADDRESS 1105 SCHROCK RD STE 437 Columbus, OH CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43229 Larry-Beres-Drector Ochange TITLE D Delete TITLE Addition NAME BLACKWELL, ROGER NAME Columbus, Ohio 43229 STREET ADDRESS 1105 SCHROCK RD STE 437 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43229 Addition James F. Latrd CFO, T Change 1105 Schrock Road, Ste 437 TITLE ☐ Delete TITLE NAME NAME MEUSE, DAVID R STREET ADDRESS 1105 SCHROCK RD STE 437 STREET ADDRESS PEEEP HO, 20 duvido CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43229 □ Delete TITLE Change ☐ Addition NAME QUINN, SANDRA L STREET ADDRESS 1105 SCHROCK RD. STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43229 CITY-ST-ZIP D Desich TITLE Delete TITLE ☐ Addition NAME DESTCH: RICHARD NAME STREET ADDRESS 1105 SCHROCK RD STE 437 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COLUMBUS OH 43229 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