

2001 UNIFORM BUSINESS REPORT (UBR)

0028888 AF

DOCUMENT # M94000000147

1. Entity Name
PIZZUTI PROPERTIES/HIBC LIMITED COMPANY

FILED

01 APR -91 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O PIZZUTI EQUITIES INC. 250 EAST BROAD STREET COLUMBUS OH 43215	Mailing Address C/O PIZZUTI EQUITIES INC. 250 EAST BROAD STREET COLUMBUS OH 43215
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **31-1421618**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SIMBACK, KENNETH P
255 S. ORANGE AVE.
SUITE 1350
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIZZUTI EQUITIES INC. 250 EAST BROAD STREET COLUMBUS OH 43215	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pizzuti, Ronald A. 250 E. Broad Street, Suite 1900 Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Daley, Richard C. 250 E. Broad Street, Suite 1900 Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cramer, James P. 250 E. Broad Street, Suite 1900 Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****50.00 *****50.00

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: JAMES P. CRAMER **JAMES P. CRAMER** 4/4/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)