

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90077 039 ***150.00

DOCUMENT # P00581

1. Entity Name

SHANNON PROPERTIES, INC.

Principal Place of Business

Mailing Address

660 BEAVER CREEK CIRCLE
 MAUMEE OH 43537
 US

PO BOX 931
 TOLEDO OH 43697-0931
 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 **34-1402624**

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	DC	<input type="checkbox"/> Delete
NAME	SHULTZ, EDWARD J.	
STREET ADDRESS	4500 DORR STREET	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMMONS, DONALD W	
STREET ADDRESS	4500 DORR ST.	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HANSEN, AMY L	
STREET ADDRESS	1801 RICHARD RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	V	<input type="checkbox"/> Delete
NAME	AHLBERG, JON P	
STREET ADDRESS	1801 RICHARDS RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AXTELL, A. CALVIN JR	
STREET ADDRESS	515 CONGRESS AVE / STE 2525	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BISHOP, PAUL J	
STREET ADDRESS	1801 RICHARDS ROAD	
CITY-ST-ZIP	TOLEDO OH 43607	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1801 Richards Rd.
CITY-ST-ZIP	Toledo, OH 43607
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE:

Wynedolyn Leon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-00

Date

(419)-897-7380

Daytime Phone #

C:\P\F\04 (9/00)