

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90121 013 ***150.00

DOCUMENT # P00581

1. Entity Name
SHANNON PROPERTIES, INC.



Principal Place of Business
**660 BEAVER CREEK CIRCLE
MAUMEE OH 43537
US**

Mailing Address
**PO BOX 931
TOLEDO OH 43697
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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00.
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Delete
NAME **SHULTZ, EDWARD J.**
STREET ADDRESS **1801 RICHARDS RD.**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Letitia Marth**
STREET ADDRESS **1801 Richards Road**
CITY-ST-ZIP **Toledo OH 43607** ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **BARNARD, NEAL B**
STREET ADDRESS **1801 RICHARDS RD**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **VP** ☐ Delete
NAME **BARNARD, NEAL B**
STREET ADDRESS **1801 RICHARDS RD**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **T** ☐ Delete
NAME **MULAWA, TERESA**
STREET ADDRESS **1801 RICHARD RD**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **T** ☐ Delete
NAME **MULAWA, TERESA**
STREET ADDRESS **1801 RICHARD RD**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **AT** ☐ Delete
NAME **SNELL, WYNDOLYN**
STREET ADDRESS **660 BEAVER CREEK CIRCLE**
CITY-ST-ZIP **MAUMEE OH 43537**

TITLE **AT** ☐ Delete
NAME **SNELL, WYNDOLYN**
STREET ADDRESS **660 BEAVER CREEK CIRCLE**
CITY-ST-ZIP **MAUMEE OH 43537**

TITLE **DP** ☐ Delete
NAME **AXTELL, A. CALVIN JR**
STREET ADDRESS **515 CONGRESS AVE / STE 2525**
CITY-ST-ZIP **AUSTIN TX 78701**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Joseph A Beham**
STREET ADDRESS **1801 Richards Road**
CITY-ST-ZIP **Toledo OH 43607**

TITLE **VP** ☐ Delete
NAME **BISHOP, PAUL J**
STREET ADDRESS **1801 RICHARDS ROAD**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **VP** ☐ Delete
NAME **BISHOP, PAUL J**
STREET ADDRESS **1801 RICHARDS ROAD**
CITY-ST-ZIP **TOLEDO OH 43607**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03

Date

419-897-7380

Daytime Phone #

CR2E034 (10/02)