

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # P03309				FILED  03 APR 18 AM 9: 17	
Principal Place 250 E.BROAL SUITE 900 COLUMBUS, (		Mailing Address 250 E.BROAD ST. SUITE 900 COLUMBUS, OH 432	250 E.BROAD ST.		SECRETARY OF STAIL TALLAHASSEE, FLORIDA	2121 aran 21211 aran 1881
1W6_	Place of Business Mirano Ja		Wa V	10 VC		
Suite, Apt. #, etc.			800		CHECK HERE IF MAKING O	
City & State		City & State			4. FEI Number 31-0886981	Applied For Not Applicable
Zip	Country	Zip	Count	ry 	5. Certificate of status pesifed Fe	8.75 Additional se Required
SIMBACK, KENNETH P 300 INTERNATIONAL PKWY STE 300 HEATHROW, FL 32746  Name Address of New Registered Agent  Name National Corporate Research, Ltd., Inc.  Street Address (P.O. Box Number is Not Acceptable)  City (all anassed FL Zip.Coode 32230)						
The above named entity subfills 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 Agents and title if applicable. (NOTE: Registered Agents signature required when reinstating)  OATE						
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. TiTLE	P	RS AND DIRECTORS  Delete	11. TITLE		ADDITIONS/CHANGES TO OFFICERS AND D	
NAME STREET ADDRESS CITY-ST-ZIP	250 E.BROAD ST.,STE. 900		A	T ADDRESS TW	o Mivanova Ste	Change Addition 8 0 0 8 2 USE Change Addition CSC (20,05)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DALEY, RICHARD C 250 E.BROAD ST.,STE. 9 COLUMBUS, OH	Delete	H		7000178402 05/01/0301068021	**150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAMER, JAMES P 250 E BROAD ST, STE 19 COLUMBUS, OH 43215	□ Delete	1	1 ADDRESS TW	o Miranova Ste	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	8	:T ADDRESS S1-21P	(	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	18 1	í		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST - ZIP		Change Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is the and accordate 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 at 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 ARRUT PLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAME OF SIGNING OFFICER OR DIRECTOR DAME OF SIGNING OFFICER OR DIRECTOR						