Apr 25 03 04:04p

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 035 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05427

1. Entity Name
JAMES L. FINEFROCK AND ASSOCIATES CORP.

Principal Place of Business	Mailing Address
5335 FAR HILLS AVE, SUITE 318 P. O. BOX 4208 DAYTON, OH 45401-4208 US	3149 WRENFORD ST P.O. BOX 4208 DAYTON, OH 45401-4208 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES [#6] to address

4. FEI Number 31-1100463 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRIS DRAPER, ESQ & BECKER & POLIAKOFF, P.A.
~~500 WINDERLEY PLACE~~ 2500 Maitland Center Parkway
~~SUITE 104~~ Suite 209
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name [NO CHANGE; NOT NEW]

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

9. ~~Election Campaign Financing Trust Fund Contribution~~ — 0 — ☐ ~~$5.00 May Be Added to Fees~~

[redacted]

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	FINEFROCK, BONNIE E.	
STREET ADDRESS	3149 WRENFORD STREET	
CITY-ST-ZIP	DAYTON, OH 45409	
TITLE	PDT	☐ Delete
NAME	FINEFROCK, JAMES L.	
STREET ADDRESS	3149 WRENFORD STREET	
CITY-ST-ZIP	DAYTON, OH 45409	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: By James L. Finefrock President 4/24/03 (937)609-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #