2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # P07375** WARM BROS. CONSTRUCTION COMPANY 03-26-2001 90152 014 ***150.00 Principal Place of Business Mailing Address 2335 FLORENCE AVE. 2335 FLORENCE AVE. CINCINNATI OH 45206 CINCINNATI OH 45206 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-0919988 Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. - F Finance ☐ Change Addition ☐ Delete TITLE TITLE Grey J. Dickman KELLEY, JAMES E. NAME c.larwiil Dr. STREET ADDRESS STREET ADDRESS 8170 MARGARET LANE CITY-ST-ZIP 41091 40100 CITY-ST-ZIP CINCINNATI OH ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME HAEHNCE, JOE D. NAME STREET ADDRESS STREET ADDRESS 6355 DALEVIEW ROAD CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH Change __ Addition TITLE ☐ Delete TITLE RICE, DONALD L. NAME NAME STREET ADDRESS STREET ADDRESS 22 ALTA VISTA DRIVE CITY-ST-ZIP CITY-ST-ZIP WALTON KY ☐ Addition TITLE ☐ Delete TITLE WARM, ALEXANDER D. NAME NAME STREET ADDRESS STREET ADDRESS 7553 WILLOWBROOK LANE CITY-ST-7IP CITY-ST-ZIP CINCINNATI OH ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WAREM, STUART E. STREET ADDRESS STREET ADDRESS 6630 GLEN ACRES DRIVE CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WARM, LYNN W. NAME STREET ADDRESS STREET ADDRESS 7553 WILLOWBROOK LANE CITY-ST-ZIP CITY-ST-7IP CINCINNATI OH 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 empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(513) 961 -378