2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # P10661** 1. Entity Name MOSLER INC. 04-02-2001 90477 027 ***150 00 Principal Place of Business Mailing Address 8509 BERK BLVD. 8509 BERK BLVD. HAMILTON OH 45015 HAMILTON OH 45015 LIS HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 31-1172814 Not Applicable \$8.75; Additional _Country___ _Country______ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition AS TITLE ☐ Delete TITLE RABASCA, ALFRED R NAME NAME STREET ADDRESS 64 EDGEWOOD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLIFTON NJ 07012 ☐ Addition Change XX Delete TITLE TITLE RAPOPORT, MICHEL NAME NAME STREET ADDRESS STREET ADDRESS 10 MUIRFIELD LANE CITY-ST-ZIP-CITY-ST-ZIP-CINCINNATI OH ☐ Addition VP. CFO & Treasurer X Change TITLE VCT Delete TITLE NAME Randall N. Paulfus CRISAFULLI, ROBERT A NAME 6950 N.E. 7th Avenue STREET ADDRESS STREET ADDRESS 160 E ELM ST APT C4 CITY-ST-ZIP Boca Raton, FL 33487 CITY-ST-ZIP GREENWICH CT 06830 Change ☐ Addition TITI F Delete PAMELA, MEYERS S NAME NAME STREET ADDRESS STREET ADDRESS 3633 CARPENTERS CREEK DR. CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45241 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on tostee 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 acceptance of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the rec

SIGNATURE: Randall N. Paulfus, VP, CFO & Treas. 3/23/01 513-970-1184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date