

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90031 013 ***150.00

0303234 AT

DOCUMENT # P12319

1. Entity Name

MOTO PHOTO, INC.

Principal Place of Business

**4444 LAKE CENTER DRIVE
 DAYTON OH 45426**

Mailing Address

**4444 LAKE CENTER DRIVE
 DAYTON OH 45426**

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

31-1080650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
 NAME **ADLER, MICHAEL F**
 STREET ADDRESS **5464 SHERFIELD DR**
 CITY-ST-ZIP **DAYTON OH**

TITLE **D** ☒ Delete
 NAME **CARPENTER, LEE**
 STREET ADDRESS **7575 PARAGON RD**
 CITY-ST-ZIP **DAYTON OH 45459**

TITLE **S** ☒ Delete
 NAME **MYERS, JACOB A**
 STREET ADDRESS **819 OTTERBEIN AVE.**
 CITY-ST-ZIP **DAYTON OH**

TITLE **TD** ☐ Delete
 NAME **MASON, DAVID A**
 STREET ADDRESS **211 TRAILWOODS DRIVE**
 CITY-ST-ZIP **DAYTON OH**

TITLE **P** ☒ Delete
 NAME **MONTANO, FRANK M**
 STREET ADDRESS **4444 LAKE CENTER DRIVE**
 CITY-ST-ZIP **DAYTON OH**

TITLE **D** ☐ Delete
 NAME **BENSON, FRANK**
 STREET ADDRESS **147 ORCHARD AVENUE**
 CITY-ST-ZIP **WESTON MA 02193**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **45426**

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

TITLE **S** ☐ Change ☒ Addition
 NAME **DURHAM, JOAN DRAKE**
 STREET ADDRESS **8241 STATION HOUSE ROAD**
 CITY-ST-ZIP **CENTERVILLE, OH 45459**

TITLE **D** ☒ Change ☐ Addition
 NAME **MASON, DAVID A.**
 STREET ADDRESS **19396 N. 86TH DRIVE**
 CITY-ST-ZIP **PEORIA, AZ 85382**

TITLE **P/CEO/D** ☐ Change ☒ Addition
 NAME **DESTRO, LAWRENCE P.**
 STREET ADDRESS **10100 BEAUFORT RUN**
 CITY-ST-ZIP **CENTERVILLE, OH 45458**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **02493**

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.

SIGNATURE:

Joan Drake Durham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

937-854-6686, x263

Daytime Phone #

CR2E034 (9/01)