## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am Secretary of State P24689 DOCUMENT # 1. Entity Name 03-22-2002 90059 048 \*\*\*150 00 PIZZUTI EQUITIES INC. Mailing Address Principal Place of Business 250 E. BROAD STREET 250 E. BROAD STREET **SUITE 1900 SUITE 1900** COLUMBUS OH 43215 COLUMBUS OH 43215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For --- City & State- --- ---4.-FEI:Number City & State. 31-1271292 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMBACK, KENNETH P Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVENUE **SUITE 1350** ORLANDO FL 32801 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE 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, 2002 Fee will be \$550.00 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. Delete TITLE ☐ Addition TITLE PIZZUTI, RONALD A. NAME NAME 250 E. BROAD STREET., SUITE 1900 STREET ADDRESS STREET ADDRESS **COLUMBUS OH 43215** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE DALEY, RICHARD C NAME NAME STREET ADDRESS 250 E. BROAD ST., SUITE 1900. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43215 ☐ Change ☐ Addition TITLE ☐ Delete TITLE CRAMER, JAMES P NAME NAME STREET ADDRESS 250 E BROAD ST STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS H 6574 CITY-ST-ZIP CITY-ST-ZIP

13 hereby certify that the information supplied with the fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information s; indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director "for the corporation or the receiver or trustee ampoyered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Treasurer

FILED