2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # P28005** 1. Entity Name BATAC CORPORATION 01-19-2000 90292 020 ***150.00 Principal Place of Business Mailing Address 3200 WEST 65TH STREET 3200 WEST 65TH STREET CLEVELAND OH 44102 **CLEVELAND OH 44102-5510** C0007281 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 34-1189506 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 . (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 After MAY 1, 2000 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 11. 12. PTD TITLE ☐ Delete BATES, A. ARTHUR NAME NAME 7.4 3200 W. 65TH STREET STREET ADDRESS STREET ADDRESS CLEVELAND OH CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete BATES, DAVID A NAME NAME 3200 W. 65TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEVELAND OH Change ☐ Addition Delete TITLE FAHRER, CLARE NAME NAME 706 CITIZENS BUILDING STREET ADDRESS STREET ADDRESS CLEVELAND OH CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE SCHMITZ, ROBERT A. NAME NAME 19111 DETROIT ROAD #201 STREET ADDRESS STREET ADDRESS ROCKY RIVER OH CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 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 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

SIGNATURE: 9 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR