

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90240 018 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P31687</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                   |                                                                             |                                                                                                                                         |  |
| 1. Entity Name<br><b>GERMAIN PROPERTIES OF COLUMBUS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| Principal Place of Business<br>13315 N. TAMiami TRAIL<br>NAPLES, FL 34110 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                   | Mailing Address<br>5777 SCARBOROUGH BOULEVARD<br>COLUMBUS, OH 43232-4748 US |                                                                                                                                                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 3. Mailing Address                                                |                                                                             |                                                                                                                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Suite, Apt. #, etc.                                               |                                                                             |                                                                                                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | City & State                                                      |                                                                             | 4. FEI Number<br><b>31-1223417</b>                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Country                                                           |                                                                             | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>GERMAIN ROBERT L JR<br/>13315 NORTH TAMiami TRAIL<br/>NAPLES, FL 34110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                   |                                                                             | 7. Name and Address of New Registered Agent<br>Name <b>William L. Rogers</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>800 Seagate Drive, Suite 303</b><br>City <b>Naples</b> FL Zip Code <b>34103</b> |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PO                        | <input type="checkbox"/> Delete                                   |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GERMAIN, STEPHEN L.       |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5777 SCARBOROUGH BLVD     |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COLUMBUS, OH 43232        |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SVT                       | <input type="checkbox"/> Delete                                   |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GERMAIN, ROBERT L JR.     |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13315 NORTH TAMiami TRAIL |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34110          |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DS                        | <input type="checkbox"/> Delete                                   |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GERMAIN, SR, ROBERT L     |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13329 NORTH TAMiami TRAIL |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAPLES, FL 34110          |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AS                        | <input type="checkbox"/> Delete                                   |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MCCARTHY, SEAN H          |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4130 MORSE CROSSING       |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COLUMBUS, OH 43219        |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Delete                                   |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Delete                                   |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                             |                                                                                                                                                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | <b>Robert L. Germain Jr.</b> <b>4/17/03</b> <b>239-592-5550</b>   |                                                                             |                                                                                                                                                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                   |                                                                             |                                                                                                                                                                                                                          |  |

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☐ CHECK HERE IF MAKING CHANGES

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