2000 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # P34066** 1. Entity Name J-TEC, INC. OF OHIO 04-11-2000 90237 042 ***150.00 Principal Place of Business Mailing Address 5136 CHILDRENS HOME BRADFORD RD PO BOX 477 GREENVILLE OH 45331-0477 **GREENVILLE OH 45331** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 34-1091631 Not Applicable \$8.75 Additional Zip Ζip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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. 4-5-00 DATE igent 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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. DP TITLE Change TITLE ☐ Delete NAME ABNEY, TED NAME STREET ADDRESS STREET ADDRESS 6630 WESTFALL RD. CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE OH 45331** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME ABNEY, TED STREET ADDRESS STREET ADDRESS 6630 WESTFALL RD. CITY-ST-ZIP CITY-ST-ZIE GREENVILLE OH 45331 Delete TITLE Change ☐ Addition TITLE NAME ABNEY, TED NAME STREET ADDRESS STREET ADDRESS 6630 WESTFALL RD. CITY-ST-ZIP CITY-ST-ZIP GREENVILLE OH 45331 ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TIT! E NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

President 4-5-00

Daytime Phone #