2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 23, 2002 8:00 am Secretary of State **DOCUMENT # P36617** 1. Entity Name UNITED CHURCH HOMES, INC. 05-23-2002 90107 033 ****61.25 Principal Place of Business Mailing Address 170 EAST CENTER STREET P.O. BOX 1806 MARION OH 43302 MARION OH 43301-1806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 34-4429276 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM. 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition Change ☐ Delete TITLE allen, Brian S. NAME NAME 170 EAST CENTER STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARION OH 43301-1806 CT TITLE ☐ Addition ☐ Defete BERTSCH, JOHN T REV NAME NAME 170 EAST CENTER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARION OH 43302 ☐ Addition ☐ Delete TITLE TITI F STEINER MARK NAME: - -NAME -STREET ADDRESS 170 EAST CENTER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARION OH 43301-1806 TITLE Treasurer Change X Addition TITLE Delete FULDNER, HERB NAME Edwards, Thomas NAME 170 EAST CENTER STREET STREET ADDRESS STREET ADDRESS 170 East Center Street CITY-ST-ZIP CITY-ST-7IP MARION OH 43301-1806 <u>Marion, OH 43302</u> Change ☐ Addition TITLE ☐ Delete TITLE BEACH, RONALD E NAME 170 EAST CENTER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARION OH Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTORY DE FINANCE/CFO

740-382-4<u>885</u>

Daytime Phone