2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # P36749** SUMMITVILLE TILES, INC. 2-28-2001 90021 038 ***150.00 Principal Place of Business Mailing Address P.O. BOX 73 P.O. BOX 73 SUMMITVILLE OH 43962 SUMMITVILLE OH 43962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 34-1694540 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VTS** TITLE Change Addition ☐ Delete NAME FINNICUM, RICHARD E. NAME STREET ADDRESS STREET ADDRESS 1909 PEARCE CIRCLE CITY-ST-ZIP CITY-ST-ZIP SALEM OH TITLE PDC ☐ Delete TITI F ☐ Change ☐ Addition NAME JOHNSON, DAVID W NAME STREET ADDRESS STREET ADDRESS **570 HIGHLAND AVE** CITY-ST-ZIP CITY-ST-ZIP SALEM OH ۷D ☐ Delete Change ☐ Addition TITLE TITLE NAME JOHNSON, JR. P.C. NAME STREET ADDRESS STREET ADDRESS PO BOX 111 CITY-ST-ZIP CITY-ST-ZIP SUMMITVILLE OH ☐ Delete Change Addition TITLE TITLE NAME JOHNSON, BRUCE F NAME STREET ADDRESS STREET ADDRESS 250 THIRD AVE., NE CITY-ST-ZIP CITY-ST-7IP HICKORY NC ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

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

V.P. Richard E. Finnicum

2/22/01 330-223-1511

FILED

Daytime Phone #

CR2E034 (10/00)