FILED 200 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State **DOCUMENT # P40308** 05-17-2001 91290 006 \*\*\*150.00 COOPER & CO., INC. Principal Place of Business Mailing Address 10179 COMMERCE PARK DR 10179 COMMERCE PARK DRIVE CINCINNATI OH 45246 **CINCINNATI OH 45246-1335** A0067895 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-0622081 Not Applicable Country Country Zip Zip \$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 RD. 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, 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12, D TITLE ☐ Delete TITLE Change Addition COOPER, ALBERT NAME NAME STREET ADDRESS 10179 COMMERCE PARK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH ☐ Delete Change Addition TITLE COOPER, DAVID S. 10179 COMMERCE PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH CITY-ST-ZIP DS \_\_\_\_\_ TITLE ~ Defete TITLE Addition COOPER, SELMA R. NAME NAME 10179 COMMERCE PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE COOPER, MARTIN NAME 10179 COMMERCE PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME 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 changed, or on an attachment with an address with a state of the corporation of the corporation or the receiver of 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 a state of the corporation of the

SIGNATURE:

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