

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90358 001 ***300.00

DOCUMENT # P93000083915

1. Entity Name
FIRSTGROUP AMERICA, INC.

Principal Place of Business

**705 CENTRAL AVE
 STE 500
 CINCINNATI OH 45202**

Mailing Address

**705 CENTRAL AVE
 STE 500
 CINCINNATI OH 45202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0545137

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CSC
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 LYSKAWA, E BRUCE
 77 WESPTPORT PLAZA, STE 460
 SAINT LOUIS MO 63146** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V/D
 E. BRUCE LYSKAWA
 705 CENTRAL AVENUE, SUITE 500
 CINCINNATI, OH 45202** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 CLAIR, RICH
 705 CENTRAL AVE STE 500
 CINCINNATI OH 45202** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V/D ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFOT
 HEBBORN, STEVE
 705 CENTRAL AVE STE 500
 CINCINNATI OH 45202** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/D
 ROBBIE DUNCAN
 705 CENTRAL AVENUE, SUITE 500
 CINCINNATI, OH 45202** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 MURRAY, MICHAEL
 705 CENTRAL AVE STE 500
 CINCINNATI OH 45202** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 KEITH ROSSEL
 705 CENTRAL AVENUE, SUITE 500
 CINCINNATI, OH 45202** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PC
 OSBALDISTON, J ANTHONY
 705 CENTRAL AVE, SUITE #500
 CINCINNATI OH 45202** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AT
 RICH, LOUIS
 705 CENTRAL AVE, SUITE #500
 CINCINNATI OH 45202** ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)