

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000094952

FILED  
May 10, 2002 8:00 AM  
Secretary of State

Entity Name: FINN ACQUISITIONS, INC.

## Current Principal Place of Business:

1150 CHESAPEAKE AVENUE  
COLUMBUS, OH 43212

## New Principal Place of Business:

## Current Mailing Address:

1150 CHESAPEAKE AVENUE  
COLUMBUS, OH 43212

## New Mailing Address:

FEI Number: 59-3411115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARY, MARY BETH M ESQ.  
C/O PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES, FL 341082709 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FINN, MICHAEL L  
Address: 2555 INTERNATIONAL ST.  
City-St-Zip: COLUMBUS, OH 43228

Title: D ( ) Delete  
Name: FINN, JAMES P  
Address: 885 WEST FIFTH AVE  
City-St-Zip: COLUMBUS, OH 43212

Title: D ( ) Delete  
Name: FINN, JOHN F  
Address: 1150 CHESAPEAKE AVENUE  
City-St-Zip: COLUMBUS, OH 43212

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: ERICKSON, PHILIP W  
Address: 1150 CHESAPEAKE AVE  
City-St-Zip: COLUMBUS, OH 43212

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP W. ERICKSON

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05/10/2002

Electronic Signature of Signing Officer or Director

Date