## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000094952

Entity Name: FINN ACQUISITIONS, INC.

1150 CHESAPEAKE AVE

COLUMBUS, OH 43212

Address:

City-St-Zip:

FILED May 07, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1150 CHESAPEAKE AVENUE COLUMBUS, OH 43212				3641 INTERCHANGE RD COLUMBUS, OH 43204	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1150 CHESAPEAKE AVENUE COLUMBUS, OH 43212				3641 INTERCHANGE RD COLUMBUS, OH 43204	
FEI Number	: 59-3411115	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
C/O PORT 5801 PELI		, MORRIS & ARTHUR 'D., SUITE 300			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( FINN, MICHAE 2555 INTERNA COLUMBUS, C	TIONAL ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( FINN, JAMES I 885 WEST FIF COLUMBUS, C	TH AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FINN, JOHN F	) Delete EAKE AVENUE )H 43212	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	O ( ERICKSON, PI	) Delete HILIP W	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PHILIP ERICKSON TREA 05/07/2003