## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000102096

Address:

City-St-Zip:

89 S RIVERVIEW

MIAMISBURG, OH 45342

Entity Name: RELOCATION EXECUTIVES, INC

FILED Jan 17, 2002 8:00 AM Secretary of State

Littly Nai	me. RELOCA	HON EXECUTIVES, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
13498 WA LARGO, F	LSINGHAM RI L 33774	)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
13498 WA LARGO, F	LSINGHAM RI L 33774	)			
FEI Number:	: 59-3527429	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
RODETSKY, MICHAEL 13498 WALSINGHAM RD LARGO, FL 33774 US			PETRACCO, ELLEN 13498 WALSINGHAN LARGO, FL 33774	13498 WALSINGHAM RD	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ELLEN PETRACCO				01/17/2002	
	Electror	ic Signature of Registered Age	ent	Date	
		satisfy its Intangible Tax filing req	uirement and elects to do so (X).		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) PETRACCO, JE 13498 WALSIN LARGO, FL 33	GHAM RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) PETRACCO, E 13498 WALSIN LARGO, FL 33	GHAM RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BYARD, PATRI APPLEBY FAR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) JONES, LESLII PO BOX 1719 LADY LAKE, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( ) BRAWN, SUE	Delete	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: ELLEN PETRACCO VP 01/17/2002