2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State **DOCUMENT #** P97000104827 1. Entity Name W.O. BRISBEN COMPANIES EAST, INC. 05-10-2002 90011 019 ***150.00 Principal Place of Business Mailing Address 7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD CINCINNATI OH 45249 CINCINNATI OH 45249 R0093482 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 65-0800603 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE TGGX Change Addition NAME BRISBEN, WILLIAM O Briebeu, william C NAME STREET ADDRESS as Morth Beach 2321 N.W. 33RD STREET #212 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Jup. ter TITLE ☐ Delete TITLE Change ☐ Addition NAME schuler, robert e NAME STREET ADDRESS 7800 EAST KEMPER ROAD STREET ADDRESS 008 F CITY - ST - 7IP CINCINNATI OH 45249 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition **Y** 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP

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

CR2E034 (9/01)