2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am Secretary of State DOCUMENT # P98000021681 1. Entity Name 05-10-2002 90011 024 ***150.00 BRISBEN GEORGIA, INC. Principal Place of Business Mailing Address 7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD CINCINNATI OH 45249 CINCINNATI OH 45249 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 31-1597477 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FI 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete TITLE TITLE Dilliam C NAME NAME Brisben, William O STREET ADDRESS STREET ADDRESS 7800 EAST KEMPER ROAD CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45249** Addition Change ☐ Delete TITLE NAME NAME SCHULER, ROBERT E STREET ADDRESS STREET ADDRESS 7800 EAST KEMPER ROAD CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45249 Change ☐ Delete TITLE Addition TITLE NAME NAME BRISBEN, TARA J STREET ADDRESS STREET ADDRESS 7800 E KEMPER RD CITY-ST-ZIP CITY-ST-7IP CINCINNATI OH 45249 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

FILED

CR2E034 (9/01)