

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90088 037 ***150.00

DOCUMENT # P98000027411

1. Entity Name

HIDDEN LAKE INVESTMENT CORP.

Principal Place of Business

**2015 WEST FIFTH AVE.
 COLUMBUS OH 43212**

Mailing Address

**2015 WEST FIFTH AVE.
 COLUMBUS OH 43212**

DUU57714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **31-1594996**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEFFY, LOUIS W
 821 FIFTH AVE. SOUTH
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City



Zip Code

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's signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** Delete
 NAME **OWENS, SCOTT**
 STREET ADDRESS **2621 LEEDS ROAD**
 CITY-ST-ZIP **COLUMBUS OH 43211**

TITLE **V** Delete
 NAME **MORRISON, TERRY**
 STREET ADDRESS **711 WINTER ROAD**
 CITY-ST-ZIP **DELEWARD OH 43015**

TITLE **D** Delete
 NAME **KOWALSKI, KEVIN J**
 STREET ADDRESS **2621 LEEDS ROAD**
 CITY-ST-ZIP **COLUMBUS OH 43211**

TITLE **D** Delete
 NAME **MORRISON, NANCY**
 STREET ADDRESS **711 WINTER ROAD**
 CITY-ST-ZIP **DELAWARD OH 43015**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D Scott Owens Pres 4-20-01 614-486-7118
D Scott Owens

CR2E034 (10/00)