

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90005 032 ***550.00

DOCUMENT # P99000036586

1. Entity Name
SIGNET AFFILIATE, INC.

Principal Place of Business ATTN: ANDREW HOWE 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	Mailing Address ATTN: ANDREW HOWE 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 76 South Laura St. Suite/Apt. #, etc. Suite 1700 City & State Jacksonville, FL Zip 32202 Country U.S.		3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country U.S.		4. FEI Number 59-3601785	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent HOWE, ANDREW M V 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWE, ANDREW M V 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250				7. Name and Address of New Registered Agent Name Kenneth J. KRISMANTH Street Address (P.O. Box Number is Not Acceptable) 76 South Laura Street Suite 1700 City Jacksonville FL Zip Code 32202	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kenneth J. KRISMANTH DATE 7/22/02

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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MANNA, ANTHONY S 75 EAST MACKEY ST AKRON OH 44303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, ANDREW M 424 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHART, J CULLEN 424 SOUTH THIRD ST JACKSONVILLE BEACH FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KRISMANTH, KENNETH J 424 SOUTH THIRD ST JACKSONVILLE BEACH FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKO, LEE S 75 EAST MARCEI STREET AKRON OH 44308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 7/22/02 (904) 350-4114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)