

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90003 003 ****61.25

DOCUMENT # 848380

1. Entity Name

THE IAMS COMPANY

Principal Place of Business

**THE IAMS COMPANY
7250 POE AVENUE
DAYTON OH 45414**

Mailing Address

**ATTN: TAX DIVISION
PO BOX 599
CINCINNATI OH 45201**

021248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

The IAMS Company

Suite, Apt. #, etc.

Suite, Apt. #, etc. **Attn:Tax Division****P.O. Box 599**

City & State

City & State
Cincinnati, OH

4. FEI Number

31-0581456

Applied For

Not Applicable

Zip

Country

Zip

Country

45201**USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

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 signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **P** ☐ Delete
NAME **ANSELL, JEFFREY P**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **CINCINNATI OH 45201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **CHANCE, ANDREW J**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **CINCINNATI OH 45201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BYRNES, BRUCE L**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **CINCINNATI OH 45201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DALEY, CLAYTON JR**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **CINCINNATI OH 45201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **KEHOE, TIMOTHY T**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **CINCINNATI OH 45201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **WALKER, DAVID R**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **CINCINNATI OH 45201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED****Kehe, Assistant Secretary 2-15-01 513-983-1522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)