

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

90077095

|   |                                   |                      |  |                                       |          |
|---|-----------------------------------|----------------------|--|---------------------------------------|----------|
| <b>DOCUMENT # F02000003335</b>  |                                   |                      |  |                                       |          |
| 1. Entity Name<br><b>BTAS, INC.</b>   |                                   |                      |  |                                       |          |
| Principal Place of Business<br>3572 DAYTON-XENIA ROAD, SUITE 210<br>BEAVERCREEK, OH 45432   |                                   |                      | Mailing Address<br>3572 DAYTON-XENIA ROAD, SUITE 210<br>BEAVERCREEK, OH 45432    |                                       |          |
| 2. Principal Place of Business  |                                   |                      | 3. Mailing Address   |                                       |          |
| Suite, Apt. #, etc.   |                                   |                      | Suite, Apt. #, etc.  |                                       |          |
| City & State  |                                   |                      | City & State   |                                       |          |
| Zip   |                                   | Country              |  | Zip                                   |          |
| Country   |                                   | Country              |  | 4. FEI Number<br><b>31-1431073</b>    |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   |                      |  | Applied For<br>Not Applicable         |          |
| 6. Certificate of Status Desired <input type="checkbox"/>   |                                   |                      |  | <b>\$8.75</b> Additional Fee Required |          |
| 6. Name and Address of Current Registered Agent   |                                   |                      | 7. Name and Address of New Registered Agent                                      |                                       |          |
| NRAI SERVICES, INC.<br>626 E. PARK AVENUE<br>TALLAHASSEE, FL 32301  |                                   |                      | Name   |                                       |          |
|   |                                   |                      | Street Address (P.O. Box Number is Not Acceptable)                               |                                       |          |
|   |                                   |                      | City   |                                       |          |
|   |                                   |                      | <b>FL</b>  |                                       | 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. I am familiar with, and accept the obligations of registered agent.   |                                   |                      |  |                                       |          |
| SIGNATURE _____ DATE _____  |                                   |                      |  |                                       |          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning)  |                                   |                      |  |                                       |          |
| FILE NOW! FEES \$100.00<br>After May 1, 2003 Fee will be \$500.00<br>Make Check Payable to Florida Department of State  |                                   |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                       |          |
|   |                                   |                      | <b>\$5.00</b> May Be Added to Fees   |                                       |          |
| 10. OFFICERS AND DIRECTORS  |                                   |                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |                                       |          |
| TITLE   | P <input type="checkbox"/> Delete | TITLE                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                       |          |
| NAME  | VLAHOS, ANGLEA F                  | NAME                 |  |                                       |          |
| STREET ADDRESS  | 5601 WILLOW TWIG LANE             | STREET ADDRESS       |  |                                       |          |
| CITY-ST-ZIP   | DAYTON, OH 45459                  | CITY-ST-ZIP          |  |                                       |          |
| TITLE   | V <input type="checkbox"/> Delete | TITLE                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                       |          |
| NAME  | SOTMAN, JOHN B                    | NAME                 |  |                                       |          |
| STREET ADDRESS  | 1920 RUSTLING OAK COURT           | STREET ADDRESS       |  |                                       |          |
| CITY-ST-ZIP   | DAYTON, OH 45459                  | CITY-ST-ZIP          |  |                                       |          |
| TITLE   | S <input type="checkbox"/> Delete | TITLE                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                       |          |
| NAME  | VLAHOS, GEORGE S                  | NAME                 |  |                                       |          |
| STREET ADDRESS  | 5601 WILLOW TWIG LANE             | STREET ADDRESS       |  |                                       |          |
| CITY-ST-ZIP   | DAYTON, OH 45459                  | CITY-ST-ZIP          |  |                                       |          |
| TITLE   | T <input type="checkbox"/> Delete | TITLE                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                       |          |
| NAME  | DYER, CHARLES T                   | NAME                 |  |                                       |          |
| STREET ADDRESS  | 38011 SOUTH DESERT BLUFF DRIVE    | STREET ADDRESS       |  |                                       |          |
| CITY-ST-ZIP   | TUCSON, AZ 85739                  | CITY-ST-ZIP          |  |                                       |          |
| TITLE   | <input type="checkbox"/> Delete   | TITLE                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                       |          |
| NAME  |                                   | NAME                 |  |                                       |          |
| STREET ADDRESS  |                                   | STREET ADDRESS       |  |                                       |          |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP          |  |                                       |          |
| TITLE   | <input type="checkbox"/> Delete   | TITLE                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                       |          |
| NAME  |                                   | NAME                 |  |                                       |          |
| STREET ADDRESS  |                                   | STREET ADDRESS       |  |                                       |          |
| CITY-ST-ZIP   |                                   | 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 607, 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: <i>Angela F. Vlahos</i>  |                                   | Date: <b>3/31/03</b> |  | Daytime Phone #: <b>937-431-9431</b>  |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   |                      |  |                                       |          |

CH2E034 (10/02)