

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90090 011 ***150.00

DOCUMENT # F94000003228

1. Entity Name
DAMON'S MANAGEMENT, INC.

Principal Place of Business
4645 EXECUTIVE DR.
COLUMBUS OH 43220-3601

Mailing Address
4645 EXECUTIVE DR.
COLUMBUS OH 43220-3601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1184796

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: **STD FOUST, SHANNON R**
 STREET ADDRESS: **4645 EXECUTIVE DR.**
 CITY-ST-ZIP: **COLUMBUS OH 43220**

TITLE: Change Addition
 NAME: **Director Jon M. Self**
 STREET ADDRESS: **4645 Executive Dr**
 CITY-ST-ZIP: **Columbus, OH 43220**

TITLE: Delete
 NAME: **D MINTZER, JAMES B**
 STREET ADDRESS: **4645 EXECUTIVE DR.**
 CITY-ST-ZIP: **COLUMBUS OH 43220**

TITLE: Change Addition
 NAME: **Director Bruce Buckholder**
 STREET ADDRESS: **115 W. Main St**
 CITY-ST-ZIP: **Columbus, OH 43215**

TITLE: Delete
 NAME: **D MORTON, JOHN D**
 STREET ADDRESS: **4645 EXECUTIVE DR.**
 CITY-ST-ZIP: **COLUMBUS OH 43220**

TITLE: Change Addition

TITLE: Delete
 NAME: **D KOLIRIC, DOUGLAS**
 STREET ADDRESS: **4445 EXECUTIVE DR**
 CITY-ST-ZIP: **COLUMBUS OH 43220**

TITLE: Change Addition
 NAME: **Kouric**
 STREET ADDRESS: **4645 Executive Dr**
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D FREEDMAN, HOWARD**
 STREET ADDRESS: **4645 EXECUTIVE DR.**
 CITY-ST-ZIP: **COLUMBUS OH 43220**

TITLE: Change Addition

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 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 REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1/22/02** Daytime Phone #: **(614) 442-7900**

CR2E034 (9/01)