

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91279 045 \*\*\*150.00

**DOCUMENT # P25769**

1. Entity Name  
**HANCOR, INC.**

Principal Place of Business      Mailing Address  
**PO BOX 1047      PO BOX 1047**  
**FINDLAY OH 45839      FINDLAY OH 45839**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1034349**      Applied For   
 Not Applicable   
 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**      Name  
**1200 S. PINE ISLAND ROAD**      Street Address (P.O. Box Number is Not Acceptable)  
**PLANTATION FL 33324**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>E.T. SMITH, Jr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, STEVEN</b>		NAME		
STREET ADDRESS	<b>401 OLIVE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FINDLAY OH</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DAVID</b>		NAME		
STREET ADDRESS	<b>401 OLIVE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FINDLAY OH</b>		CITY-ST-ZIP		
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>GARY SCHROEDER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, STEVEN</b>		NAME		
STREET ADDRESS	<b>401 OLIVE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FINDLAY OH</b>		CITY-ST-ZIP		
TITLE	<b>SV</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Paula Oeter</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, RACHEL</b>		NAME		
STREET ADDRESS	<b>401 OLIVE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FINDLAY OH</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROGER, PHILLIP</b>		NAME		
STREET ADDRESS	<b>401 OLIVE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FINDLAY OH</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>CHRIS ERNST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERNEST, CHRIS</b>		NAME		
STREET ADDRESS	<b>401 OLIVE STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FINDLAY OH</b>		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: *Paula Oeter*      Date: 4/27/01      Daytime Phone #: (419) 424-8208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)