

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90098 016 ***158.75

DOCUMENT # P95000086643

1. Entity Name
OH DISTRIBUTORS, INC.

Principal Place of Business

**731 PERSHING RD
 RALEIGH NC 27608**

Mailing Address

**731 PERSHING RD
 RALEIGH NC 27608**

2. Principal Place of Business

**3201 Wellington Court
 Suite, Apt. #, etc.
 Suite 112**

3. Mailing Address

**3201 Wellington Court
 Suite, Apt. #, etc.
 Suite 112**

City & State

Raleigh, NC

City & State

Raleigh, NC

Zip

27615

Country

Wake

Zip

27615

Country

Wake

4. FEI Number

65-0653605

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**902 CLINT MOORE RD
 STE 220
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

Steve Conway

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

Same

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.
CONWAY, JERRY
790 PERSHING ROAD
RALEIGH NC 27608

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CONWAY, STEVE
790 PERSHING ROAD
RALEIGH NC 27608

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CONWAY, STEVE
902 CLINT MOORE RD SUITE 220
BOCA RATON, FL 33487

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve P Conway

2-14-02

Date

Daytime Phone #

800-216-2553

CR2E034 (9/01)