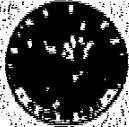


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F92000000392 (2)

1. Corporation Name

ERREVIEW FOURTH CORPORATION

Principal Place of Business

**180 E. BROAD ST.
STE. 800
COLUMBUS OH 43215
US**

Mailing Address

**180 E. BROAD ST.
STE. 800
COLUMBUS OH 43215
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

04/19/1994

4. FBI Number

31-1337127

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

D
NAME **GALBREATH, LIZANNE**
STREET ADDRESS **180 E BROAD ST**
CITY-ST-ZIP **COLUMBUS OH**

DVS
NAME **PHILLIPS, JAMES W**
STREET ADDRESS **180 E BROAD ST**
CITY-ST-ZIP **COLUMBUS OH 43215**

V
NAME **VAN LANDINGHAM, SAM**
STREET ADDRESS **180 E BROAD ST**
CITY-ST-ZIP **COLUMBUS OH 43215**

V
NAME **CARLETON, WILLIAM**
STREET ADDRESS **180 E BROAD ST**
CITY-ST-ZIP **COLUMBUS OH 43215**

T
NAME **MCCORMICK, DOUGLAS**
STREET ADDRESS **180 E BROAD ST**
CITY-ST-ZIP **COLUMBUS OH 43215**

DP
NAME **GLABREATH, DANIEL M**
STREET ADDRESS **180 E BROAD ST**
CITY-ST-ZIP **COLUMBUS OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP
Galbreath, Daniel M.
180 East Broad Street
Columbus, Ohio 43215

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James W Phillips
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President & Secretary

4/10/95

(614) 460-4444