

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000392 (2)**

1. Corporation Name
ERIEVIEW FOURTH CORPORATION



Principal Place of Business: 180 E. BROAD ST. STE. 900 COLUMBUS OH 43215 US
Mailing Address: 180 E. BROAD ST. STE. 900 COLUMBUS OH 43215 US

3. Date Incorporated or Qualified: **11/24/1992**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **31-1337127**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: GALBREATH, LIZANNE STREET ADDRESS: 180 E BROAD ST CITY-ST-ZIP: COLUMBUS OH	<input type="checkbox"/> DELETE	1.1 TITLE: DP 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVS NAME: PHILLIPS, JAMES W STREET ADDRESS: 180 E BROAD ST CITY-ST-ZIP: COLUMBUS OH 43215	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: VAN LANDINGHAM, SAM STREET ADDRESS: 180 E BROAD ST CITY-ST-ZIP: COLUMBUS OH 43215	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: V 3.2 NAME: Richard W. Stone 3.3 STREET ADDRESS: 180 E. Broad Street 3.4 CITY-ST-ZIP: Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: CARLETON, WILLIAM STREET ADDRESS: 180 E BROAD ST CITY-ST-ZIP: COLUMBUS OH 43215	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: T 4.2 NAME: Harry Oppenheimer 4.3 STREET ADDRESS: 180 E. Broad Street 4.4 CITY-ST-ZIP: Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: MCCORMICK, DOUGLAS STREET ADDRESS: 180 E BROAD ST CITY-ST-ZIP: COLUMBUS OH 43215	<input type="checkbox"/> DELETE	5.1 TITLE: DV 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: GLABREATH, DANIEL M STREET ADDRESS: 180 E BROAD ST CITY-ST-ZIP: COLUMBUS OH	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: S 6.2 NAME: David E. Ramsay 6.3 STREET ADDRESS: 180 E. Broad Street 6.4 CITY-ST-ZIP: Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ (614)460-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Harry Oppenheimer

CR2E034 (12/95)