

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000392 (2)

1. Corporation Name:
ERIEVIEW 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 43215-9707 US
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3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 04/17/1996
4. FEI Number 31-1337127	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	29	30
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GALBREATH, LIZANNE	
STREET ADDRESS	180 E BROAD ST	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JAMES W	
STREET ADDRESS	180 E BROAD ST	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STONE, RICHARD W	
STREET ADDRESS	180 E BROAD ST	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OPPENHEIMER, HARRY	
STREET ADDRESS	180 E BROAD ST	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, DOUGLAS	
STREET ADDRESS	180 E BROAD ST	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RAMSAY, DAVID E	
STREET ADDRESS	180 E BROAD ST	
CITY-STATE-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. Greg Reed	
1.3 STREET ADDRESS	180 East Broad Street	
1.4 CITY-STATE-ZIP	Columbus, OH 43215	
2.1 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dan Broos	
2.3 STREET ADDRESS	180 East Broad Street	
2.4 CITY-STATE-ZIP	Columbus, OH 43215	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry Lance	
3.3 STREET ADDRESS	180 East Broad Street	
3.4 CITY-STATE-ZIP	Columbus, OH 43215	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nicole Norman	
4.3 STREET ADDRESS	180 East Broad Street	
4.4 CITY-STATE-ZIP	Columbus, OH 43215	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joan G. Phillips	
5.3 STREET ADDRESS	180 East Broad Street	
5.4 CITY-STATE-ZIP	Columbus, OH 43215	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:  **Greg Reed, Vice President** Date: **4/17/97** Daytime Phone # _____

CR2E034 (9/96)