

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

FILED

**Mar 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005412 (1)
 1. Corporation Name
PATTON WALLCOVERINGS, INC.



Principal Place of Business 1106 RIDGE ST. COLUMBUS OH 43215	Mailing Address 1106 RIDGE ST. COLUMBUS OH 43215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1994	
21		26		4. FEI Number 31-1418769	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CT 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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ASHTON, DEREK <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, DEREK	1.2 NAME	
STREET ADDRESS	1055 CLARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRAMPTON, ONTARIO, CANADA L6T3W-4	1.4 CITY-ST-ZIP	
TITLE	S WALMSLEY, PETER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALMSLEY, PETER	2.2 NAME	
STREET ADDRESS	1055 CLARK BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRAMPTON, ONTARIO, CANADA	2.4 CITY-ST-ZIP	
TITLE	T HAMPSON, ART <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPSON, ART	3.2 NAME	
STREET ADDRESS	1055 CLARK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRAMPTON, ONTARIO, CANADA	3.4 CITY-ST-ZIP	
TITLE	P PATTON, JIM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, JIM	4.2 NAME	
STREET ADDRESS	900 SOUTH US HWY ONE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	VPF KING, GREG <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, GREG	5.2 NAME	
STREET ADDRESS	1106 RIDGE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **3/15/98** **614-488-1881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0600003

CF2E034 (10/97)