

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 # F95000003275 (3)

1. Corporation Name

CACIQUE, INC. OF DELAWARE



Principal Place of Business

8655 E BROAD ST
REYNOLDSBURG OH 43068

Mailing Address

8655 E BROAD ST
REYNOLDSBURG OH 43068

3. Date Incorporated or Qualified
07/07/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

31-1437168

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME GILMAN, KENNETH B
STREET ADDRESS 3 LIMITED PARKWAY
CITY-ST-ZIP COLUMBUS OH 43230

TITLE VS ☐ DELETE
NAME LYONS, TIMOTHY B
STREET ADDRESS 3 LIMITED PARKWAY
CITY-ST-ZIP COLUMBUS OH 43230

TITLE V ☒ DELETE
NAME GERBER, WILLIAM K
STREET ADDRESS 3 LIMITED PARKWAY
CITY-ST-ZIP COLUMBUS OH 43230

TITLE T ☐ DELETE
NAME HECTORNE, PATRICK
STREET ADDRESS 3 LIMITED PARKWAY
CITY-ST-ZIP COLUMBUS OH 43230

TITLE AS ☐ DELETE
NAME BUFF, WADE H
STREET ADDRESS 3 LIMITED PARKWAY
CITY-ST-ZIP COLUMBUS OH 43230

TITLE AS ☒ DELETE
NAME ZOBA, C. DAVID
STREET ADDRESS 3 LIMITED PARKWAY
CITY-ST-ZIP COLUMBUS OH 43230

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

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 and is changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth B. Gilman

3/12/96

DATE

614-479-2518

Daytime Phone #

CR2E034 (12/95)