

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

FILED
Apr 08 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 # F96000001687 (0)
 1. Corporation Name
AUTOMATED REVENUE MANAGEMENT, INC.



Principal Place of Business 809 PHILLIPS AVE TOLEDO OH 43612-1336	Mailing Address 809 PHILLIPS AVE TOLEDO OH 43612-1336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 N. Byrne Rd.		2a. Mailing Address 26 100 N. Byrne Rd.		3. Date Incorporated or Qualified 03/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 34-1808306	
City & State 23 Toledo OH		City & State 28 Toledo OH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 43612-		Zip 29 43612		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Lucas		Country 30 Lucas		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	P	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, MICHAEL S	1.2 NAME	Michael McIntyre
STREET ADDRESS	909 PHILLIPS AVE	1.3 STREET ADDRESS	100 N. Byrne Rd.
CITY-ST-ZIP	TOLEDO OH 43612-1336	1.4 CITY-ST-ZIP	Toledo, OH, 43612-0997
TITLE	V	2.1 TITLE	Terrence McIntyre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, TERENCE J	2.2 NAME	100 N. Byrne Rd.
STREET ADDRESS	909 PHILLIPS AVE	2.3 STREET ADDRESS	Toledo, OH 43612-0997
CITY-ST-ZIP	TOLEDO OH 43612-1336	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	Secretary/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, PATRICK J	3.2 NAME	Patrick McIntyre
STREET ADDRESS	909 PHILLIPS AVE	3.3 STREET ADDRESS	100 N. Byrne Rd.
CITY-ST-ZIP	TOLEDO OH 43612-1336	3.4 CITY-ST-ZIP	Toledo, OH 43612-0997
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 address.

SIGNATURE:  03/30/98 (419)476-1934

CR2E034 (10/97)