CORI ANNU	on or before 8/7/96: \$225 (IF DISSO PROFIT PORATION AL REPORT	FLORIDA DEPĀRĪ Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	es Mis - 8 Mill:	I <sub>1</sub> 8
1. Corporation	MENT # L97156  MARK CORPORATION	6 (8)		SECTION OF SIA	
Principal Place	e of Business	Mailing Address			I BIER BIER BIER BIER BIER EIGH BIER ICH
4401 LYMAN DR STE B STE B HILLIARD OH 43026		4401 LYMAN DR STE B STE B HILLIARD OH 43026		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address		08/31/1990 4. FEI Number	08/09/1995 Applied For
21	A ala	Suite, Apt #, etc.		65-0212625	Not Applicable  \$8.75 Additional
Suite, Apt 4 22 City & State		27 City & State		Certificate of Status Desired     Bection Campaign Financing	Fee Required  \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country <b>25</b>	Ζιρ <b>29</b>	Country 30	8. This corporation has liability for i Florida Statutes	No No
	9. Name and Address of Currer		81 Name	10. Name and Address of New Re	gistered Agent
	ENTICE HALL CORP. SYSTEM IN 11 HAYES STREET	NC.	82 Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
SUI	TE 105		83		
TAL	LAHASSEE FL 32301		84 City		<b>85</b> Zip Code
	15-1	22 and CO7 15 00. Florido Stobutos		orporation submits this statement for the po	FL
office or re	edistered agent, or both, in the State	iz and 607. 1506, Florida Statutes	у, инставоуютнанной со		arprose of changing natiograms of
agent Lai	m familiar with, and accept the obliqu	ations of, Section 607.0505, Flori	thorized by the corpor	ation's board of directors. Thereby accept	the appointment as registered
agent I all SIGNATURE		ations of, Section 607.0505, Flori	thorized by the corporate statutes.	ation's board or directors. Thereby accept	the appointment as registered
- 5	Signative typics or protection of respected age OFFICERS AN	ations of, Section 607,0505, Flori ent and the diapplicable (NOTE ID DIRECTORS	thorized by the corpor	ation's board or directors. Thereby accept	DA')
SIGNATURE  12. TITLE	Signature specifier protest ratio of rejectered age OF FICERS AN	ations of, Section 607 0505, Flori	thonized by the corpor da Statutes.  Figure Agent signal rene  13.  11 TITLE	ation's poard or directors. I hereby accept	DA')
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1201 HAYS STREET TALLAHASSEE, FL 32301-2607 904-222-9171 904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE :

047173

159981A

AUTHORIZATION :

COST LIMIT : \$ 233.75

ORDER DATE : August 8, 1996

ORDER TIME : 9:44 AM

ORDER NO. : 047173

CUSTOMER NO:

159981A

CUSTOMER:

Mr. Doug Stickley

Centramark Corporation 4401 Lyman Drive, Ste. B

Hilliard, OH 43026

## ANNUAL REPORT FILING

NAME:

CENTRAMARK CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: