

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

APPROVED AND FILED *gigz*

1997 MAY -1 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L97156 (8)

1. Corporation Name
CENTRAMARK CORPORATION

Principal Place of Business 4401 LYMAN DR STE B STE B HILLIARD OH 43026	Mailing Address 4401 LYMAN DR STE B STE B HILLIARD OH 43026-2201
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2. Principal Place of Business 21 1697 WESTBELT DR. Suite, Apt #, etc	2a. Mailing Address 26 P.O. BOX 21820 Suite, Apt #, etc
22 City & State 23 COLUMBUS, OH	27 City & State 28 COLUMBUS, OH
24 43228 25 USA	29 43221 30 USA

3. Date Incorporated or Qualified 08/31/1990	3a. Date of Last Report 08/08/1996
4. FEI Number 65-0212625	Applied For Not Applicable
5. 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	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301**

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

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: *Greg Stickle* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STICKLEY, GREGORY S.	
STREET ADDRESS	4401 LYMAN DR STE B7	
CITY - ST - ZIP	HILLIARD OH 43026	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	W. DOUGLAS STICKLEY	
STREET ADDRESS	4401 LYMAN DR STE B	
CITY - ST - ZIP	HILLIARD OH 43026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1697 WESTBELT DR
1.4 CITY - ST - ZIP	COLUMBUS, OHIO 43228
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1697 WESTBELT DR.
2.4 CITY - ST - ZIP	COLUMBUS, OHIO 43228
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900002161909--4
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Greg Stickle* **SIGNATURE REQUIRED** *Greg Stickle* **President** *April 30, 97* **529-1711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

pg 2 of 2



ACCOUNT NO. : 072100000032
REFERENCE : 350539 159981A
AUTHORIZATION : Patricia Pujols
COST LIMIT : \$ 173.75

ORDER DATE : May 1, 1997
ORDER TIME : 10:02 AM
ORDER NO. : 350539-005
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
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

RECEIVED
97 MAY -1 AM 11:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA