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**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29275 (5)
1. Corporation Name
THE SYGMA NETWORK OF OHIO, INC.



Principal Place of Business: **4265 DIPLOMACY DRIVE COLUMBUS OH 43228**
Mailing Address: **4265 DIPLOMACY DRIVE COLUMBUS OH 43228-3834**

3. Date Incorporated or Qualified: **05/10/1990**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **76-0254608**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	KURZ, THOMAS P.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KURZ, THOMAS P.	20010 SKY HOLLOW LANE	1.2 NAME	
STREET ADDRESS: KATY TX		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE: PD	MARSHALL, GREGORY K.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARSHALL, GREGORY K.	8 WEXFORD CT	2.2 NAME	
STREET ADDRESS: HUDSON TX		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE: VD	RIKER, LA DEE G.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIKER, LA DEE G.	117 BEVERLY LANE	3.2 NAME	
STREET ADDRESS: HOUSTON TX		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE: CD	SUGAR, JOSEPH A., JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SUGAR, JOSEPH A., JR.	2424 W. LANE AVENUE	4.2 NAME	
STREET ADDRESS: COLUMBUS OH		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE: V	DEASEY, STEPHEN M.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEASEY, STEPHEN M.	5817 PRESWICK DR	5.2 NAME	
STREET ADDRESS: DUBLIN OH		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE: T	EPPLE, RONALD H	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EPPLE, RONALD H	3929 FAIRLINGTON	6.2 NAME	
STREET ADDRESS: COLUMBUS OH		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Ronald H. Epple* TREASURER 1-23-97 614-876-2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)