

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90085 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29275

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1990	
21	22	26	27	4. FEI Number 76-0254608	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KURZ, THOMAS P.	
STREET ADDRESS	20010 SKY HOLLOW LANE	
CITY-ST-ZIP	KATY TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, GREGORY K.	
STREET ADDRESS	8 WEXFORD CT	
CITY-ST-ZIP	HUDSON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIKER, LA DEE G.	
STREET ADDRESS	117 BEVERLY LANE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SUGAR, JOSEPH A., JR.	
STREET ADDRESS	2424 W. LANE AVENUE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEASEY, STEPHEN M.	
STREET ADDRESS	5617 PRESWICK DR	
CITY-ST-ZIP	DUBLIN OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EPPLE, RONALD H	
STREET ADDRESS	3929 FAIRLINGTON	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: _____ DATE: **1-6-99** DAYTIME PHONE #: **614-850-2234**

CR2E034 (1/98)