

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:44

DOCUMENT # P32964 (9)

1. Corporation Name
ROGERS LTD., INC.

Principal Place of Business Mailing Address
124 CITY CENTRE 124 CITY CENTRE
MIDDLETOWN OH 45042 MIDDLETOWN OH 45042

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/13/1991	3a. Date of Last Report 04/26/1994
4. FEI Number 31-1257539	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL B5. 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROW, THEODORE S.	1.2 NAME	
STREET ADDRESS	124 CITY CENTRE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLETOWN OH	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROW, JEFFREY W.	2.2 NAME	
STREET ADDRESS	124 CITY CENTRE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLETOWN OH	2.4 CITY - ST - ZIP	
TITLE	VTSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, ALAN C	3.2 NAME	
STREET ADDRESS	124 CITY CENTRE MART	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLETOWN OH	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JANE L.	4.2 NAME	
STREET ADDRESS	124 CITY CENTRE	4.3 STREET ADDRESS	124 City Centre
CITY - ST - ZIP	MIDDLETOWN OH	4.4 CITY - ST - ZIP	Middletown OH 45042
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROW, JODY S.	5.2 NAME	
STREET ADDRESS	124 CITY CENTRE	5.3 STREET ADDRESS	124 City Centre
CITY - ST - ZIP	MIDDLETOWN OH	5.4 CITY - ST - ZIP	Middletown, OH 45042
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 assignee thereof; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: Alan C. Blake **EVP & CFO** **3-29-95**
Signature and typed or printed name of registered agent or director Date (System Form #)