FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

AMENDED AND FILED
95 APR 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28255** **(8)**

1. Corporation Name
ANCILLARY SERVICES MANAGMENT, INC.

Principal Place of Business	Mailing Address
ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US	ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 34-1636874 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PGM	11 TITLE	☐ Change ☐ Addition
NAME	POST, KEN	12 NAME	
STREET ADDRESS	ONE SEAGATE	13 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	14 CITY-ST-ZIP	SE... REMOVED
TITLE	CPCO	21 TITLE	☐ Change ☐ Addition
NAME	ORMOND, PAUL A	22 NAME	
STREET ADDRESS	ONE SEAGATE	23 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	24 CITY-ST-ZIP	
TITLE	EVP	31 TITLE	EVP ☒ Change ☐ Addition
NAME	POSSANZA, ROBERT W	32 NAME	Meyers, Geoffrey G.
STREET ADDRESS	ONE SEAGATE	33 STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH	34 CITY-ST-ZIP	TOLEDO OH
TITLE	VTS	41 TITLE	☐ Change ☐ Addition
NAME	MOLER, SPENCER C.	42 NAME	
STREET ADDRESS	ONE SEAGATE	43 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	44 CITY-ST-ZIP	
TITLE	AST	51 TITLE	☐ Change ☐ Addition
NAME	GEHRICH, DAVID LEE	52 NAME	
STREET ADDRESS	ONE SEAGATE	53 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	54 CITY-ST-ZIP	
TITLE	SEVP	61 TITLE	☐ Change ☐ Addition
NAME	WEIKEL, M KEITH	62 NAME	
STREET ADDRESS	ONE SEAGATE	63 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X D. L. Gehrich DAVID L GEHRICH APR 1 : 1995 (419) 259-5764
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Asst. Secretary / Asst. Treasurer

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ANCILLARY SERVICES MANAGEMENT, INC.

OFFICERS

Paul A. Ormond	Chairman, President and Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President and Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer and Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel and Secretary
William H. Kinschner	Vice President, Director of Planning
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer and Assistant Secretary
Paul G. Sieben	Vice President, Director of Development & Construction
Kenneth R. Post	General Manager
David L. Gehrich	Assistant Secretary and Assistant Treasurer
Douglas G. Haag	Assistant Treasurer
John I. Remenar	Assistant Treasurer

DIRECTORS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers
Paul G. Sieben

ADDRESS FOR ALL IS:

One SeaGate
Toledo, Ohio 43604-2616
Phone: (419) 252-5600