

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 854670

(7)

1. Corporation Name

SEQUENTIA INCORPORATED



Principal Place of Business

Mailing Address

21819 ROYALTON ROAD
P O BOX 360530
STRONGSVILLE OH 44136

21819 ROYALTON ROAD
P O BOX 360530
STRONGSVILLE OH 44136

2. Principal Place of Business

2a. Mailing Address

21 15900 FOLTZ IND. PKWY.

26 15900 FOLTZ IND. PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 360530

27 P.O. BOX 360530

City & State

City & State

23 STRONGSVILLE, OH

28 STRONGSVILLE, OH

Zip

Country

Zip

Country

24 44136

25 CUYAHOGA

29 44136

30 CUYAHOGA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/16/1982

3a. Date of Last Report
04/25/1995

4. FEI Number

34-1371166

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

10. Name and Address of New Registered Agent

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

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

Signature required on print (Name of registered agent and not applicable)

(Date) Registered Agent signature required when registering

(Date)

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME GUDBRANSON, ROBERT N.
STREET ADDRESS 2750 TERMINAL TOWER
CITY-ST-ZIP CLEVELAND OH

TITLE TD ☐ DELETE
NAME BILLINGS, EDWIN C.
STREET ADDRESS 15365 STATION RD.
CITY-ST-ZIP COLUMBIA STATION OH

TITLE CD ☐ DELETE
NAME DOHERTY, JOHN F
STREET ADDRESS 1822 DONNA DR
CITY-ST-ZIP WESTLAKE OH

TITLE P ☒ DELETE
NAME STEERE, SAMUEL A III
STREET ADDRESS 18446 FOX HUNTER DRIVE
CITY-ST-ZIP STRONGSVILLE OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

VD
JEFFREY L. KENNER
437 MADISON AVE. SUITE 2001
NEW YORK, NY 10022

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN C. BILLINGS 4/19/96 216/238-2400

CR2E034 (12/95)