

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3: 50

DOCUMENT # 326162 (5)

1. Corporation Name
CHEMICAL FINANCIAL SERVICES CORPORATION

Principal Place of Business Mailing Address
2ND MATLAND CTR PKWY STE 210 MATLAND FL 32751 US **250 WEST HURON CLEVELAND OH 44115**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/07/1968** 3a. Date of Last Report **03/22/1994**
4. FEI Number **34-1020362** 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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZYCH, LEONARD A
STREET ADDRESS	250 WEST HURON
CITY-ST-ZIP	CLEVELAND, OH 00000
TITLE	SVD
NAME	BOYLAN, THOMAS M
STREET ADDRESS	250 WEST HURON
CITY-ST-ZIP	CLEVELAND, OH 00000
TITLE	SVD
NAME	ACKERMAN, J. C
STREET ADDRESS	250 WEST HURON
CITY-ST-ZIP	CLEVELAND, OH 00000
TITLE	VS
NAME	KAPITAN, ROBERT J
STREET ADDRESS	250 WEST HURON
CITY-ST-ZIP	CLEVELAND, OH 00000
TITLE	AS
NAME	BASIL, DAVID A
STREET ADDRESS	250 WEST HURON
CITY-ST-ZIP	CLEVELAND, OH 00000
TITLE	T
NAME	HYLAND, PATRICK F
STREET ADDRESS	250 WEST HURON
CITY-ST-ZIP	CLEVELAND, OH 00000

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 do 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 trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Kapitan **Robert J. Kapitan** **February 20, 1995** **216/470-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)