

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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # **326162** (5)
1. Corporation Name
CHEMICAL FINANCIAL SERVICES CORPORATION



Principal Place of Business: **2400 MAITLAND CTR PKWY STE 210 MAITLAND FL 32751 US**
Mailing Address: **250 WEST HURON CLEVELAND OH 44115**

3. Date Incorporated or Qualified: **02/07/1968**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **34-1020362**
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 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**

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Executive Vice Pres & Dir
NAME	ZYCH, LEONARD A	1.2 NAME	J. Dwaine Rhea
STREET ADDRESS	250 WEST HURON	1.3 STREET ADDRESS	250 West Huron
CITY-ST-ZIP	CLEVELAND, OH 00000	1.4 CITY-ST-ZIP	Cleveland, Ohio 44113
TITLE	SVD	2.1 TITLE	Sr. Vice Pres. & Dir
NAME	BOYLAN, THOMAS M	2.2 NAME	E. Kennedy Carter, Jr.
STREET ADDRESS	250 WEST HURON	2.3 STREET ADDRESS	250 West Huron
CITY-ST-ZIP	CLEVELAND, OH 00000	2.4 CITY-ST-ZIP	Cleveland, Ohio 44113
TITLE	SVD	3.1 TITLE	
NAME	ACKERMAN, J. C	3.2 NAME	
STREET ADDRESS	250 WEST HURON	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 00000	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	
NAME	KAPITAN, ROBERT J	4.2 NAME	
STREET ADDRESS	250 WEST HURON	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 00000	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	BASIL, DAVID A	5.2 NAME	
STREET ADDRESS	250 WEST HURON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 00000	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	HYLAND, PATRICK F	6.2 NAME	
STREET ADDRESS	250 WEST HURON	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 00000	6.4 CITY-ST-ZIP	

1.1 TITLE	Executive Vice Pres & Dir	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	J. Dwaine Rhea		
1.3 STREET ADDRESS	250 West Huron		
1.4 CITY-ST-ZIP	Cleveland, Ohio 44113		
2.1 TITLE	Sr. Vice Pres. & Dir	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	E. Kennedy Carter, Jr.		
2.3 STREET ADDRESS	250 West Huron		
2.4 CITY-ST-ZIP	Cleveland, Ohio 44113		
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 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: *Robert J. Kapitan* Robert J. Kapitan, VP & Sec. 02/26/96 216/479-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)