

**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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZYCH, LEONARD A	
STREET ADDRESS	250 WEST HURON	
CITY-ST-ZIP	CLEVELAND, OH 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BOYLAN, THOMAS M	
STREET ADDRESS	250 WEST HURON	
CITY-ST-ZIP	CLEVELAND, OH 00000	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	ACKERMAN, J. C	
STREET ADDRESS	250 WEST HURON	
CITY-ST-ZIP	CLEVELAND, OH 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KAPITAN, ROBERT J	
STREET ADDRESS	250 WEST HURON	
CITY-ST-ZIP	CLEVELAND, OH 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BASIL, DAVID A	
STREET ADDRESS	250 WEST HURON	
CITY-ST-ZIP	CLEVELAND, OH 00000	
TITLE	T	<input type="checkbox"/> DELETE
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	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)