

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

**APPROVED
AND
FILED**

95 MAY 31 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 339676 (9)

1. Corporation Name:
UNIVERSITY SQUARE, INC.

Principal Place of Business: 7620 MARKET STREET YOUNGSTOWN OH 44513	Mailing Address: 7620 MARKET STREET YOUNGSTOWN OH 44513-0005 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
ZIP 24	Country 25
ZIP 29 44513	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1969	3a. Date of Last Report 05/01/1994
4. FEI Number 34-1034637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 the date) (Date Registered Agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	LIBERATI, ANTHONY W 7620 MARKET ST YOUNGSTOWN, OH 00000	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE PD	DEBARTOLO, EDWARD J 7620 MARKET ST YOUNGSTOWN, OH 00000	2.1 TITLE EDWARD J. DEBARTOLO, JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE VD	DEBARTOLO, EDWARD J JR 7620 MARKET ST YOUNGSTOWN, OH 00000	3.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME LYNN E. DAVENPORT	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE S	WOLFGALE, ARTHUR D JR 7620 MARKET ST YOUNGSTOWN, OH 00000	4.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE VD	YORK, MARIE D. 7620 MARKET STREET YOUNGSTOWN OH	5.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE V	CORCORAN, PETER 7620 MARKET ST. YOUNGSTOWN OH	6.1 TITLE JV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME JAMES F. MURPHY	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 or on an attachment with an address.

SIGNATURE: *X James F. Murphy* **JAMES F. MURPHY** 4-28-96 216-758-7292

(Signature) (Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)