

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 633675 (4)**

1. Corporation Name  
**DESOTO CENTER, INC.**

Principal Place of Business <b>7620 MARKET STREET BOX 3287 YOUNGSTOWN OH 44513-6085 US</b>	Mailing Address <b>44513-6085 BOX 3287 YOUNGSTOWN OH 44513 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/24/1979</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>34-1299728</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>44513</b>	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 Applicable) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>DEBARTOLO, EDWARD J JR</b>
STREET ADDRESS	<b>7620 MARKET ST</b>
CITY - ST - ZIP	<b>YOUNGSTOWN, OH 00000</b>
TITLE	<b>PD</b>
NAME	<b>DEBARTOLO, EDWARD J</b>
STREET ADDRESS	<b>7620 MARKET ST</b>
CITY - ST - ZIP	<b>YOUNGSTOWN, OH 00000</b>
TITLE	<b>V</b>
NAME	<b>SOKOLOV, RICHARD S</b>
STREET ADDRESS	<b>7620 MARKET ST</b>
CITY - ST - ZIP	<b>YOUNGSTOWN, OH 00000</b>
TITLE	<b>VTD</b>
NAME	<b>LIBERATI, ANTHONY W</b>
STREET ADDRESS	<b>7620 MARKET ST</b>
CITY - ST - ZIP	<b>YOUNGSTOWN, OH 00000</b>
TITLE	<b>S</b>
NAME	<b>WOLFGALE, ARTHUR D JR</b>
STREET ADDRESS	<b>7620 MARKET ST</b>
CITY - ST - ZIP	<b>YOUNGSTOWN, OH 00000</b>
TITLE	<b>V</b>
NAME	<b>CORCORAN, PETER</b>
STREET ADDRESS	<b>7620 MARKET STREET</b>
CITY - ST - ZIP	<b>YOUNGSTOWN OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LYNN E. DAVENPORT</b>	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>MARIE D. DEBARTOLO</b>	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<b>AV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>JAMES F. MURPHY</b>	
63 STREET ADDRESS		
64 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: **X** *James F. Murphy* **JAMES F. MURPHY** **4-28-95** **216/758-7892**  
(Date) (Signature)