

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 694341 (9)

1. Corporation Name

MAYFAIR III, INC.



Principal Place of Business

7620 MARKET STREET
YOUNGSTOWN OH 44513
US

Mailing Address

7620 MARKET STREET
YOUNGSTOWN OH 44513
US

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | Country | 30 | Country |

3. Date Incorporated or Qualified

07/13/1981

3a. Date of Last Report

05/31/1995

4. FEI Number

34-1344090

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

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. 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 date of filing.

Signature, typed or printed name of registered agent and date of filing.

DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DEBARTOLO, EDWARD J JR. | |
| STREET ADDRESS | 7620 MARKET ST | |
| CITY-ST-ZIP | YOUNGSTOWN OH | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | DAVENPORT, LYNN E. | |
| STREET ADDRESS | 7620 MARKET ST | |
| CITY-ST-ZIP | YOUNGSTOWN OH | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LIBERATI, ANTHONY W | |
| STREET ADDRESS | 7620 MARKET ST | |
| CITY-ST-ZIP | YOUNGSTOWN OH | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | WOLFGALE, ARTHUR D JR | |
| STREET ADDRESS | 7620 MARKET ST | |
| CITY-ST-ZIP | YOUNGSTOWN OH | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | DEBARTOLO, MARIE D | |
| STREET ADDRESS | 7620 MARKET ST | |
| CITY-ST-ZIP | YOUNGSTOWN OH | |
| TITLE | AV | <input type="checkbox"/> DELETE |
| NAME | MURPHY, JAMES F. | |
| STREET ADDRESS | 7620 MARKET STREET | |
| CITY-ST-ZIP | YOUNGSTOWN OH | |

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 checked="" 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 | |

Larry Thrailkill

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)(j), 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:

James F. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Murphy 4-28-96 (330) 758-7272

CR2E034 (12/95)