

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **804182** (4)  
1. Corporation Name  
**AUSTIN COMPANY THE**

|                                                                                                |                                                                                         |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3650 MAYFIELD ROAD<br/>CLEVELAND HEIGHTS OH 44121<br/>US</b> | Mailing Address<br><b>3650 MAYFIELD ROAD<br/>CLEVELAND HEIGHTS OH 44121-1734<br/>US</b> |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|



|                                |  |                         |  |                                                                                                                                                                |                                              |
|--------------------------------|--|-------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified<br><b>05/18/1933</b>                                                                                                         | 3a. Date of Last Report<br><b>04/01/1996</b> |
| 21. Suite, Apt. #, etc.        |  | 26. Suite, Apt. #, etc. |  | 4. FEI Number<br><b>34-0077640</b>                                                                                                                             | Applied For<br>Not Applicable                |
| 22. City & State               |  | 27. City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | <b>\$8.75 Additional<br/>Fee Required</b>    |
| 23. Zip                        |  | 28. Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00 May Be<br/>Added to Fees</b>       |
| 24. Country                    |  | 29. Country             |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|                                                        |           |
|--------------------------------------------------------|-----------|
| 81. Name                                               |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83.                                                    |           |
| 84. City                                               | <b>FL</b> |
| 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 Schedule Attached

OFFICERS AND DIRECTORS

|                 |                             |                                            |
|-----------------|-----------------------------|--------------------------------------------|
| TITLE           | AS                          | <input type="checkbox"/> DELETE            |
| NAME            | <b>VETTEL, L. MARTIN</b>    |                                            |
| STREET ADDRESS  | <b>7331 BRIARWOOD DR</b>    |                                            |
| CITY - ST - ZIP | <b>MENTOR OH 44060</b>      |                                            |
| TITLE           | PD                          | <input type="checkbox"/> DELETE            |
| NAME            | <b>MELSOP, J. WILLIAM</b>   |                                            |
| STREET ADDRESS  | <b>31650 TRILLIUM TRAIL</b> |                                            |
| CITY - ST - ZIP | <b>PEPPER PIKE OH</b>       |                                            |
| TITLE           | VD                          | <input type="checkbox"/> DELETE            |
| NAME            | <b>FLANAGAN, PATRICK</b>    |                                            |
| STREET ADDRESS  | <b>9536 EAST WASHINGTON</b> |                                            |
| CITY - ST - ZIP | <b>CHAGRIN FALLS OH</b>     |                                            |
| TITLE           | V                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>PETERSON, J.G.</b>       |                                            |
| STREET ADDRESS  | <b>12626 55TH AVE W</b>     |                                            |
| CITY - ST - ZIP | <b>MUKILTEO WA 98275</b>    |                                            |
| TITLE           | VO                          | <input type="checkbox"/> DELETE            |
| NAME            | <b>BUETTNER, WILLIAM P.</b> |                                            |
| STREET ADDRESS  | <b>34354 BRAMBLE LANE</b>   |                                            |
| CITY - ST - ZIP | <b>SOLOH OH</b>             |                                            |
| TITLE           | STVP                        | <input type="checkbox"/> DELETE            |
| NAME            | <b>HOBRATSKCH, M. GLENN</b> |                                            |
| STREET ADDRESS  | <b>3211 KERSDALE RD</b>     |                                            |
| CITY - ST - ZIP | <b>PEPPER PIKE OH 44124</b> |                                            |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------|
| 11. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 12. NAME            |                                                                                         |
| 13. STREET ADDRESS  |                                                                                         |
| 14. CITY - ST - ZIP |                                                                                         |
| 21. TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME            |                                                                                         |
| 23. STREET ADDRESS  |                                                                                         |
| 24. CITY - ST - ZIP | <b>Pepper Pike, Ohio 44124</b>                                                          |
| 31. TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32. NAME            |                                                                                         |
| 33. STREET ADDRESS  |                                                                                         |
| 34. CITY - ST - ZIP | <b>Chagrin Falls, Ohio 44023</b>                                                        |
| 41. TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 42. NAME            | <b>PIERCE, MICHAEL G.</b>                                                               |
| 43. STREET ADDRESS  | <b>417 Delshire</b>                                                                     |
| 44. CITY - ST - ZIP | <b>Kirkwood, Missouri 63122</b>                                                         |
| 51. TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52. NAME            |                                                                                         |
| 53. STREET ADDRESS  |                                                                                         |
| 54. CITY - ST - ZIP | <b>Solon, Ohio 44139</b>                                                                |
| 61. TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62. NAME            | <b>STVPD</b>                                                                            |
| 63. STREET ADDRESS  |                                                                                         |
| 64. CITY - ST - ZIP |                                                                                         |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *L. Martin Vettel*

**L. Martin Vettel, Assistant Secretary 3-24-97 (216)382-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0478994

CR2E034 (9/96)

THE AMERICAN SOCIETY  
OF VETERINARY MEDICINE

OFFICERS AND DIRECTORS

Year 1997

| OFFICERS            | 1997 Date<br>of Expiration           | Title                                      | Home Address                                           |
|---------------------|--------------------------------------|--------------------------------------------|--------------------------------------------------------|
| J. William Melsop   | 4 <sup>th</sup> Thursday<br>in April | President                                  | 31650 Trillium Trail<br>Pepper Pike, OH 44124          |
| Patrick B. Flanagan | 4 <sup>th</sup> Thursday<br>in April | Vice President                             | 9536 East Washington<br>Chagrin Falls, OH 44023        |
| William P. Buettner | 4 <sup>th</sup> Thursday<br>in April | Vice President                             | 34354 Bramble Lane<br>Solon, OH 44139                  |
| M. Glenn Hobratschk | 4 <sup>th</sup> Thursday<br>in April | Vice President,<br>Secretary,<br>Treasurer | 3211 Kersdale Road<br>Pepper Pike, OH 44124            |
| L. Martin Vettel    | 4 <sup>th</sup> Thursday<br>in April | Asst. Treasurer                            | 7331 Briarwood Drive<br>Mentor, OH 44060               |
| Michael G. Pierce   | 4 <sup>th</sup> Thursday<br>in April | Vice President                             | 417 Delshire<br>Kirkwood, Missouri 63122               |
| Dennis M. Raymond   | 4 <sup>th</sup> Thursday<br>in April | Vice President                             | 124 South Franklin Street<br>Chagrin Falls, Ohio 44022 |
| Peter D. Plath      | 4 <sup>th</sup> Thursday<br>in April | Vice President                             | 8506 Gillette<br>Lenexa, Kansas 66215                  |
|                     |                                      |                                            |                                                        |
| DIRECTORS           |                                      |                                            |                                                        |
| James D. Bergstrom  | 4 <sup>th</sup> Thursday<br>in April |                                            | 3 N 927 Hawthorn Drive<br>St. Charles, IL 60174        |
| J. William Melsop   | 4 <sup>th</sup> Thursday<br>in April |                                            | 31650 Trillium Trail<br>Pepper Pike, OH 44124          |
| M. Glenn Hobratschk | 4 <sup>th</sup> Thursday<br>in April |                                            | 3211 Kersdale Road<br>Pepper Pike, OH 44124            |
| Patrick B. Flanagan | 4 <sup>th</sup> Thursday<br>in April |                                            | 9536 East Washington<br>Chagrin Falls, OH 44023        |
| Thomas C. Nelson    | 4 <sup>th</sup> Thursday<br>in April |                                            | 1110 E. Morehead Street<br>Charlotte, NC 28204         |