CORPORATION ANNUAL REPORT

1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823024 (5)

1. Corporation Name

LEASEWAY PERSONNEL CORP.

200001457492
-04/17/95--01005--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3700 PARK EAST DRIVE ATTN: TAX DEPARTMENT CLEVELAND OH 44122-343 US	3700 PARK EAST DRIVE ATTN: TAX DEPARTMENT CLEVELAND OH 44122-343 US

3. Date Incorporated or Qualified: 07/10/1969

3a. Date of Last Report: 05/01/1994

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) Country (30)

4. FEI Number: 25-1050380 ☐ 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

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 **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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	SNYDER, R E	12 NAME	
STREET ADDRESS	3700 PARK EAST DR	13 STREET ADDRESS	
CITY ST ZIP	CLEVELAND OH	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	CARDEN, CHARLES B.	22 NAME	
STREET ADDRESS	3700 PARK EAST DRIVE	23 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OH 0	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, BILLY C.	32 NAME	
STREET ADDRESS	3700 PARK EAST DRIVE	33 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OH 0	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	DAMSEL, R A	42 NAME	Director
STREET ADDRESS	3700 PARK EAST DR	43 STREET ADDRESS	Darius W. Gaskins, Jr.
CITY ST ZIP	CLEVELAND OH	44 CITY ST ZIP	3700 Park East Dr.
TITLE	VT	51 TITLE	Cleveland, Oh 44122
NAME	HUTCHISON, R.B.	52 NAME	☐ Change ☐ Addition
STREET ADDRESS	3700 PARK EAST DRIVE	53 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OH 0	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	4/14/95 MST
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: RONALD B. HUTCHISON **VICE PRESIDENT-TREASURER** **APR 5 1995** 216-765-5164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0984760 CP