FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **831052** **(6)**

1. Corporation Name
SIGNAL DELIVERY SERVICE, INC.

Principal Place of Business	Mailing Address
3700 PARK EAST DRIVE ATTN: TAX DEPARTMENT CLEVELAND OH 44122-4343 US	3700 PARK EAST DRIVE ATTN: TAX DEPARTMENT CLEVELAND OH 44122-4343 US

3. Date Incorporated or Qualified: **10/12/1973**
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: **36-2077749** ☐ 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 _____ *
Signature (type or print name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	MALZEKE, ERNESTINE M.	12 NAME	
STREET ADDRESS	3700 PARK EAST DR	13 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	CARDEN, C. B.	22 NAME	
STREET ADDRESS	3700 PARK EAST DR	23 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OH 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, PETER E	32 NAME	
STREET ADDRESS	3700 PARK EAST DR	33 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	34 CITY ST ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	HUTCHISON, R.B.	42 NAME	
STREET ADDRESS	3700 PARK EAST DR	43 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	SNYDER, R E	52 NAME	4/14/95 MST
STREET ADDRESS	3700 PARK EAST DR	53 STREET ADDRESS	
CITY ST ZIP	CLEVELAND OH	54 CITY ST ZIP	
TITLE	DP	61 TITLE	SAME ☒ Change ☐ Addition
NAME	MILEM, BRUCE	62 NAME	"
STREET ADDRESS	4300 PETERS RD	63 STREET ADDRESS	685 W. Main St.
CITY ST ZIP	EVANSVILLE IN	64 CITY ST ZIP	Benton Harbor, MI 49022

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 **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 #

0384761 CP