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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 831286

(0)

NVF COMPANY

SIGNATURE:

Principal Piac	e of Business								
1166 YORKLYN ROAD 1166 YORKLYN ROAD									
YORKLYN DE	19736	SUITE 1615 YORKLYN DE 19736	SUITE 1615						
US		U\$				3. Date Incorporated or Qualified	3a. Da	ate of Last	Report
						11/19/1973	08/	12/1996	i
2. Principal P	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			Applied For
21		26				51-0035270	Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	 1			5. Certificate of Status Desired \$8.75 Additional			
22		City & State							Required
City & Stat	.c	28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip				7,000 10 100			
24	F		30	,		This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre					10. Name and Address of New Registered Agent			
THE	PRENTICE-HALL CORPORATION	N SYSTEM INC.		81	Name				
	1 HAYS STREET		h	82	Street Addre	ess (P.O. Box Number is Not Acceptat	nle)		
	TE 105		OZ Sileet Addi			200 (1 DDX Ptdiribor to Ptot Ptdcoptat			
TAL	LAHASSEE FL 32301		T	83					
			- -	84	City			85 Zi	p Code
							<u>FL</u>		
office or i agent if a	to the provisions of Sections 607.05 registered agent for both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was	authorized	i by	the corporation	oration submits this statement for the pion's board of directors. I hereby accept	ourpose of pt the app	i changing iointment a	its registered as registered
SIGNATURE	Signature, typied or printed name of registered as	permand title if applicable (NO	TE Registered	Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DP	☐ DELETE	1.1 Titl	LE		160 1/0/00		Change	e [] Addition
NAME	MCNABOR, JOHN J			AME MUTHOOE		MeNABOE (correction of of last Nati	6 4.	Minn)
STREET ADDRESS	1166 YORKLYN RD.				ADDRESS	of low Nor	n For		/
CITY-ST-ZIP	YORKLYN DE	DELETE	1.4 CIT	_	(-ZiP	y jasi wan	15	Chang	e Addition
TITLE	COLVIN, MELVIN R.	T) DELETE	2.1 TITI					Change	s Magalion
NAME OXDEST ADDRESS	6917 COLLINS AVE.		2.2 NAI		Abbacce				
STREET ADDRESS	MIAMI BEACH FL				ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	2. 4 C(1 3 1 T(T		n-zir			Change	e Addition
NAME	CASTELLANO, BRENDA C.		3.2 NA			•			
STREET ADDRESS	6917 COLLINS AVE.				ADDRESS				
CITY-S1-ZIP	MIAMI BEACH FL		3.4. CIT						
TITLE	CFO	DELETE	4.1 TITI					Change	e Addition
NAME	SLESINSKI, DONALD G.		4 2 NA	AME					
STREET ADDRESS	AARA MALIMANIA BB		4 3 STF	REET	ADDRESS				
CITY - ST - ZIP	YORKLYN DE		4 4 CiT	Y-5	T-ZIP				
TITLE	\$	DELETE	51 TH	LE				Change	e Addition
NAME	CAMPBELL, WILLIAM J.		52 NAI	ME					
STREET ADDRESS	1166 YORKLYN RD.			REET	ADDRESS				
CITY-ST-7P	YORKLYN DE		5 4 CIT	Y - S	T-71P				
TITLE		DELETE	61 TIT	LE				Change	e Addition
NAME			6 2 NA	ME					
STREET ADDRESS			63STF	REET	ADDRESS				
CITY CT 70			GACIT	v. e1	1.70				

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.

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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT	Secreta DIVISION OF C					
	MENT # F95000						
IHE W.	W. WILLIAMS COMPANY (OF OHIO, INC.			E SECTION STATE AND	: 11:00 11:00 10:10 20:10 10:10	e (180 184)
6							
Principal Place of Business 835 W GOODALE BLVD		Mailing Address 835 W GOODALE BLVD					
COLUMBUS OF		COLUMBUS OH 43212-387	10				
					Date Incorporated or Qualified 12/29/1995	3a. Date of Last F 05/01/1996	eport
, ·	lace of Business	2a. Mailing Address			4. FEI Number	 	oplied For
Suite, Apl	#, EtC	Suite, Apt #, etc			31-4343230	¢g 75	ot Applicable Additional
22		27			5. Certificate of Status Desired		aquired
City & Stat 23	0	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		
24	[25]	29	30			Yes No	
^^ T	9. Name and Address of Currer CORPORATION SYSTEM	ni Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
	O SOUTH PINE ISLAND ROAD			82 Street Add	iress (P.O. Box Number is Not Acceptal	nin\	
	NTATION FL 33324]		iress (ir.o. box Number is Not Acceptal		
				83			
			Ì	84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Statut	es, the at	ove-named cor	poration submits this statement for the p		ts registered
office or i agent 1 a	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida Such change was jations of, Section 607.0505, FI	authorized orida Stati	by the corpora utes.	poration submits this statement for the lation's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE							
12,	Significe specific professionary energy bred ac OFFICERS AN	ort and the it applicable (NOT ID_DIRECTORS	13.	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTOR	₹S IN 12
TITLE	DC	DELETE	1,1 [1]	LE		☐ Change	Addition
NAME	WILLIAMS, DAVID F		1.2 NA	ME			
STREET ADDRESS	835 W GOODALE BLVD	•		REET ADDRESS Y-ST-ZIP			
DITLE	COLUMBUS OH 43212 DC	M 43212				Change	Addition
NAME	WILLIAMS, WILLIAM S	L. J Public	2 1 TIT 2 2 NA	1		sixingo	- 7,00,000
STREET ADDRESS	835 W GOODALE BLVD		1	REET ADDRESS			
CITY - ST - ZIP	COLUMBUS OH 43212		2 4 CI	TY-ST-ZIP	74-77	· · · · · · · · · · · · · · · · · · ·	
TITLE	DV PATRICK IFAN A	DELETE	3.1 TIT			Change	Addition
NAME CALCULATION OF	PATRICK, JEAN A 835 W GOODALE BLVD		3.2 NA	1			
STREET ADDRESS OUTY- ST-ZIP	COLUMBUS OH 43212			REET ADDRESS TY-ST-ZIP			
THE	7	DELETE	4.1 TIT		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	ABLES, THOMAS A		4. 2 N/	NME			
STREET ADDRESS	835 W GOODALE BLVD		4.3 ST	REET ADDRESS			
City St. 7iP	COLUMBUS OH 43212	PELETE		Y-ST-ZIP			- I garandar
HILF NAME	D Havens, John F	DELETE	5 1 TIT 5.2 NA			Change	Addition
STREET ADDRESS	835 W GOODALE BLVD			ME. REET ADORESS			
CITY-ST ZIP	COLUMBUS OH 43212		•	Y-ST-ZIP			
TITLE	D	☐ DELETE	6.1 TIT	·		☐ Change	Addition
NAME	BOWEN, A. GRANT		6 2 NA				
STREET ADORESS	835 W GOODALE BLVD			REFT ADDRESS			
CHY-ST Ziff	COLUMBUS OH 43212		6.4 CI	TY - ST - ZIP			

14. Ido 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 into cated 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 man attachment with an address.

SIGNATURE:

Janet D. Gibson Janet D. (

(614) 228-500b