


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

FILED  
Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 833142 (3) 1. Corporation Name: <b>GATES, McDONALD &amp; Co.</b>			
Principal Place of Business <b>P.O. Box 2683 Columbus Ohio 43216</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21 <b>3455 MILL RUN DR.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 2683</b> Suite, Apt. #, etc.	
22 City & State <b>HILLIARD OHIO</b>		27 City & State <b>COLUMBUS OHIO</b>	
23 Zip <b>43026</b>	Country <b>FRANKLIN</b>	28 Zip <b>43216</b>	Country <b>FRANKLIN</b>
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>			
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DAVID K. HOLLINGSWORTH	3455 MILL RUN DR.	HILLIARD, OHIO 43026
VP	GERALD L. SLEDON	3456 MILL RUN DR.	HILLIARD, OH 43026
VP	KELLY HAMILTON	3455 MILL RUN DR.	HILLIARD, OH 43026
VP	DENNIS CLICK	3456 MILL RUN DR.	HILLIARD, OH 43026
VP	DOANE M. CAMPBELL	3455 MILL RUN DR.	HILLIARD, OH 43026
VP	DIMON McFEARSON	3455 MILL RUN DR.	HILLIARD, OH 43026
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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14. I 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.