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 JAN 23 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 838617 (9)

1. Corporation Name
ROBERT P. MADISON INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2930 EUCLID AVENUE CLEVELAND OH 44115	2930 EUCLID AVENUE CLEVELAND OH 44115

3. Date Incorporated or Qualified: 06/17/1977
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 34-1057129 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLOOD, JOHN
6501 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDCE	11 TITLE	☐ Change ☐ Addition
NAME	MADISON, ROBERT P	12 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	LIM, KHAI H	22 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, CHESTER	32 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, VERNADA	42 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	43 STREET ADDRESS	T.S. 1/23/95
CITY-ST-ZIP	CLEVELAND OH	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	JACKSON, DORRIS	52 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MADISON, JULIETTE B.	62 NAME	
STREET ADDRESS	4040 NINETEENTH ST. N.E.	63 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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: _____ January 17, 1995 (216)861-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466261 FP