

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838617 (9)

1. Corporation Name

ROBERT P. MADISON INTERNATIONAL, INC.



Principal Place of Business

2930 EUCLID AVENUE
CLEVELAND OH 44115

Mailing Address

2930 EUCLID AVENUE
CLEVELAND OH 44115

3. Date Incorporated or Qualified

06/17/1977

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOOD, JOHN
6501 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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, typed or printed 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 ☐ DELETE

NAME
MADISON, ROBERT P
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

1 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
CD
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

2 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
LIM, KHAI H
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

3 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VPD
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

4 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
HENDERSON, CHESTER
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

5 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SD
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

6 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
T
STREET ADDRESS
2930 EUCLID AVENUE
CITY-ST-ZIP
CLEVELAND OH

7 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
4040 NINETEENTH ST. N.E.
CITY-ST-ZIP
WASHINGTON DC

8 ☐ Change ☐ Addition

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)(k), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(216) 861-8195

Date

Daytime Phone #

CR2E034 (12/95)