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PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2930 EUCLID AVENUE CLEVELAND OH 44115	2930 EUCLID AVENUE CLEVELAND OH 44115-2416

3. Date Incorporated or Qualified: **06/17/1977**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business	2a. Mailing Address
21	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: **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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDCE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MADISON, ROBERT P		1.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIM, KHAI H		2.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, CHESTER		3.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, VERNADA		4.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, DORRIS		5.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MADISON, JULIETTE B.		6.2 NAME	
STREET ADDRESS	4040 NINETEENTH ST. N.E.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: _____ Robert P. Madison — April 2, 1997 — (216) 861-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478327