

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90174 002 \*\*\*150.00

DOCUMENT # 840695

1. Corporation Name  
ROSTAN, INC.

Principal Place of Business  
N COURTHOUSE SQUARE  
1000 JACKSON ST  
TOLEDO OH 43624-1573  
US

Mailing Address  
N COURTHOUSE SQUARE  
1000 JACKSON ST  
TOLEDO OH 43624-1573  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1978

4. FEI Number

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMS, DONALD L.  
411 PALM SPRINGS BLVD.  
INDIAN HARBOR BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

WICKHAM BUSINESS PARK, SUITE A-1-R

83

2825 BUSINESS CENTER BLVD.

84

City MELBOURNE

FL

85

Zip Code 32940

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 SD  
NAME GIFFORD, WARREN C. I  
STREET ADDRESS 1946 BEVERLY ROAD  
CITY-ST-ZIP COLUMBUS OH 43221

DELETE

1.1 TITLE

Change

Addition

TITLE PTD  
NAME LEVISON, KATHIE  
STREET ADDRESS 18 EXMOOR  
CITY-ST-ZIP TOLEDO OH

DELETE

2.1 TITLE

Change

Addition

TITLE VD  
NAME HASTINGS, DEBRA  
STREET ADDRESS 67 LAWN AVE  
CITY-ST-ZIP PORTLAND ME

DELETE

3.1 TITLE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE

Change

Addition

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, with all other like empowered.

SIGNATURE: *Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99  
Date

Daytime Phone #

CR2E034 (11/98)