

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 843035 (7)

1. Corporation Name

PALMER COURSE DESIGN COMPANY

Principal Place of Business

1 ERIEVIEW PLAZA
SUITE 1300
CLEVELAND OH 44114-8782

Mailing Address

1 ERIEVIEW PLAZA
SUITE 1300
CLEVELAND OH 44114-8782



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of the person who is the officer or director of the corporation.

Signature of the person who is the registered agent of the corporation.

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12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	SEAY, EDWIN B	
STREET ADDRESS	1 ERIEVIEW PLAZA #1300	
CITY-STATE-ZIP	CLEVELAND, OHIO 00000	
TITLE	T	☐ DELETE
NAME	ZUGAY, JACK	
STREET ADDRESS	1 ERIEVIEW PLAZA #1300	
CITY-STATE-ZIP	CLEVELAND, OHIO 00000	
TITLE	P	☐ DELETE
NAME	PALMER, ARNOLD D	
STREET ADDRESS	1 ERIEVIEW PLAZA #1300	
CITY-STATE-ZIP	CLEVELAND, OHIO 00000	
TITLE	VD	☐ DELETE
NAME	MCCORMACK, MARK H	
STREET ADDRESS	1 ERIEVIEW PLAZA #1300	
CITY-STATE-ZIP	CLEVELAND, OHIO 00000	
TITLE	SD	☐ DELETE
NAME	LAFAVE, ARTHUR J, JR	
STREET ADDRESS	1 ERIEVIEW PLAZA #1300	
CITY-STATE-ZIP	CLEVELAND, OHIO 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN *2

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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 and any 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 or 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:

Jack Zugay JACK ZUGAY, TREASURER

3-11-96

(216) 522-1200

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF SIGNATURE

CR2E034 (12/95)