

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **843420 (1)**
1. Corporation Name
ACCELERATION NATIONAL SERVICE CORPORATION



Principal Place of Business: **475 METRO PLACE BOX 7000 DUBLIN OH 43017-1374**
Mailing Address: **475 METRO PLACE BOX 7000 DUBLIN OH 43017-1374**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/11/1979**
3a. Date of Last Report: **04/03/1995**
4. FE Number: **31-0924285**
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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CPE	WILLIAMSON, R. MAX <input checked="" type="checkbox"/> DELETE	1.1 TITLE: CPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WILLIAMSON, R. MAX	475 METRO PLACE	1.2 NAME: FRIEDBERG, THOMAS H.
STREET ADDRESS: 475 METRO PLACE	DUBLIN OH	1.3 STREET ADDRESS: 475 METRO PLACE
CITY- ST- ZIP: DUBLIN OH		1.4 CITY- ST- ZIP: DUBLIN OH 43017
TITLE: SD <input type="checkbox"/> DELETE	ALEXANDER, NICHOLAS Z. <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALEXANDER, NICHOLAS Z.	475 METRO PLACE	2.2 NAME:
STREET ADDRESS: 475 METRO PLACE	DUBLIN OH	2.3 STREET ADDRESS:
CITY- ST- ZIP: DUBLIN OH		2.4 CITY- ST- ZIP:
TITLE: VD <input checked="" type="checkbox"/> DELETE	JOHNSON, WILLIAM B. <input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, WILLIAM B.	475 METRO PLACE NORTH	3.2 NAME:
STREET ADDRESS: 475 METRO PLACE NORTH	DUBLIN OH	3.3 STREET ADDRESS:
CITY- ST- ZIP: DUBLIN OH		3.4 CITY- ST- ZIP:
TITLE: VD <input type="checkbox"/> DELETE	MAIN, LARRY L. <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAIN, LARRY L.	475 METRO PLACE	4.2 NAME:
STREET ADDRESS: 475 METRO PLACE	DUBLIN OH	4.3 STREET ADDRESS:
CITY- ST- ZIP: DUBLIN OH		4.4 CITY- ST- ZIP:
TITLE: VTD <input type="checkbox"/> DELETE	WEINER, ALAN M. <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEINER, ALAN M.	475 METRO PLACE	5.2 NAME:
STREET ADDRESS: 475 METRO PLACE	DUBLIN OH	5.3 STREET ADDRESS:
CITY- ST- ZIP: DUBLIN OH		5.4 CITY- ST- ZIP:
TITLE: VD <input type="checkbox"/> DELETE	MUELLER, KURT L. <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MUELLER, KURT L.	475 METRO PLACE NORTH	6.2 NAME:
STREET ADDRESS: 475 METRO PLACE NORTH	DUBLIN OH	6.3 STREET ADDRESS:
CITY- ST- ZIP: DUBLIN OH		6.4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 trustee 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: *Robert L. Copeland* **ROBERT L. COPELAND** 4/22/96 614/764-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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ACCELERATION NATIONAL SERVICE COMPANY
OFFICERS AND/OR DIRECTORS

BUSINESS ADDRESS: 475 METRO PLACE NORTH, DUBLIN, OH 43017

<u>OFFICER</u>	<u>TITLE</u>
D) Nicholas Z. Alexander	Sr. Vice Pres/Secretary
Robert L. Copeland	Vice President
Sharon A. Copeland	Assistant Vice President
D) Thomas H. Friedberg	Chairman/President/CEO
D) Larry L. Main	Senior Vice President
Julie A. Messing	Assistant Vice President
D) Kurt L. Mueller	Vice President & Controller
D) Alan M. Weiner	Vice President & Treasurer

D) Indicates Director