

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Feb 13, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **844748 (4)**  
1. Corporation Name  
**LEADER NATIONAL INSURANCE COMPANY**



Principal Place of Business: **4807 ROCKSIDE RD INDEPENDENCE OH 44131**  
Mailing Address: **4807 ROCKSIDE RD INDEPENDENCE OH 44131**

3. Date Incorporated or Qualified: **12/04/1979**      3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **34-0927698**      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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**INSURANCE COMMISSIONER  
THE CAPITAL BLDG.  
TALLAHASSEE FL 32302**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, STEVEN J.	
STREET ADDRESS	33640 OUTLEY PARK DRIVE	
CITY-STATE-ZIP	SOLON OH	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, GERALD F.	
STREET ADDRESS	135 BRANDYWINE DR.	
CITY-STATE-ZIP	HUDSON OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUSUMI, GARY	
STREET ADDRESS	4807 ROCKSIDE RD	
CITY-STATE-ZIP	INDEPENDENCE OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	URANKAR, JOHN	
STREET ADDRESS	4807 ROCKSIDE DR.	
CITY-STATE-ZIP	INDEPENDENCE OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WORTH, PETER	
STREET ADDRESS	4807 ROCKSIDE RD	
CITY-STATE-ZIP	INDEPENDENCE OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 attachment with an address.

**SIGNATURE:** GARY Y KUSUMI, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30 1996 216-447-1660  
DATE TIME PHONE #

CR2E034 (12/95)