

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

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Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854067 (6) 1. Corporation Name STANLEY STEEMER INTERNATIONAL, INC.	
Principal Place of Business 5500 STANLEY STEEMER PARKWAY DUBLIN OH 43016 US	Mailing Address 5500 STANLEY STEEMER PARKWAY DUBLIN OH 43016-1208 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/15/1982	3a. Date of Last Report 02/28/1996
21 Suite, Apt. #, etc.	26 5500 Stanley Steemer Parkway	4. FEI Number 31-0366455	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Dublin OH	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 43016-2004	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
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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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, WESLEY C.	1.2 NAME	
STREET ADDRESS	5045 SQUIRREL BEND	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYSER, PHILLIP P.	2.2 NAME	
STREET ADDRESS	2243 ASHBURY CLOSE	2.3 STREET ADDRESS	
CITY - ST - ZIP	POWELL OH	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNER, MARK V	3.2 NAME	
STREET ADDRESS	5612 GREYSTONE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HILLIARD OH	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASK, HOWARD	4.2 NAME	
STREET ADDRESS	2433 COLLINS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WORTHINGTON OH	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DAVID	5.2 NAME	
STREET ADDRESS	2454 KENSINGTON, DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, R.L.	6.2 NAME	
STREET ADDRESS	8407 GLENEAGLES CT.	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 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, unchanged, or on an attachment with an address.

SIGNATURE: **Mark V. Bunner** 2/5/97 (614)764-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)