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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:40

DOCUMENT # 857358 (6)

1. Corporation Name

LISCO-FLORIDA, INC. OF OHIO

Principal Place of Business	Mailing Address
ATTN: LEGAL DEPT. 30003 BAINBRIDGE ROAD SOLON OH 44139-2205	ATTN: TAX DEPT 30003 BAINBRIDGE ROAD SOLON OH 44139-2205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1983
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29 — Country: 25 / 30

4. FEI Number: 34-1392455 ☐ 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

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 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, 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	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, MARY F.	1 2 NAME	
STREET ADDRESS	30003 BAINBRIDGE ROAD	1 3 STREET ADDRESS	
CITY-ST-ZIP	SOLON OH	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	CORTI MARIO A	2 2 NAME	
STREET ADDRESS	800 N BRAND BLVD	2 3 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA	2 4 CITY-ST-ZIP	
TITLE	S	3 1 TITLE	☐ Change ☐ Addition
NAME	WYATT, JACK D.	3 2 NAME	
STREET ADDRESS	30003 BAINBRIDGE ROAD	3 3 STREET ADDRESS	
CITY-ST-ZIP	SOLON OH	3 4 CITY-ST-ZIP	
TITLE	~~T~~	4 1 TITLE	☒ Change ☐ Addition
NAME	~~HEITHAUS, THOMAS W.~~	4 2 NAME	Omit
STREET ADDRESS	~~30003 BAINBRIDGE ROAD~~	4 3 STREET ADDRESS	
CITY-ST-ZIP	~~SOLON OH~~	4 4 CITY-ST-ZIP	
TITLE	AS	5 1 TITLE	☐ Change ☐ Addition
NAME	PILLA, MARY LEE	5 2 NAME	
STREET ADDRESS	30003 BAINBRIDGE ROAD	5 3 STREET ADDRESS	
CITY-ST-ZIP	SOLON OH	5 4 CITY-ST-ZIP	
TITLE	VPTD	6 1 TITLE	☐ Change ☐ Addition
NAME	JALEN KENNETH L	6 2 NAME	
STREET ADDRESS	30003 BAINBRIDGE RD	6 3 STREET ADDRESS	
CITY-ST-ZIP	SOLON 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)(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: Secretary 3/22/95 216/349-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone