FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 858211 (6)

1. Corporate Name
GUND BUSINESS ENTERPRISES, INC.

Principal Place of Business: 1228 EUCLID AVE. 6TH FL, CLEVELAND OH 44115

Mailing Address: 1228 EUCLID AVE 6TH FL, CLEVELAND OH 44115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1983

3a. Date of Last Report: 05/01/1994

4. FEI Number: 34-1392190 — 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 24 ____ Country 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. # etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

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 617.1508, 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 ____

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors	13. Additions/Changes to Officers and Directors in 12
TITLE	P	☐ Change ☐ Addition
NAME	RICHEY, THOMAS A.	
STREET ADDRESS	785-33 WINDWARD	
CITY-ST-ZIP	AURORA OH	
TITLE	V	☐ Change ☐ Addition
NAME	PRESCOTT, DAVID P.	
STREET ADDRESS	106 CARSON RD.	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VS	☐ Change ☐ Addition
NAME	WATSON, RICHARD T.	
STREET ADDRESS	15555 N. PARK LANE	
CITY-ST-ZIP	CLEVELAND HTS. OH	
TITLE	S	☐ Change ☐ Addition
NAME	AMER, PATRICK J. (ASST)	
STREET ADDRESS	2777 EDGEHILL RD.	
CITY-ST-ZIP	CLEVELAND HTS. OH	
TITLE	T	☒ Change ☐ Addition
NAME	MILLER, JAMES	
STREET ADDRESS	8491 SEATON PLACE	1228 Euclid Avenue-6th Floor
CITY-ST-ZIP	MENTOR OH	Cleveland, OH 44115
TITLE	D	☐ Change ☐ Addition
NAME	GUND, GORDON	
STREET ADDRESS	14 NASSAU ST.	
CITY-ST-ZIP	PRINCETON NJ	

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(1)(a), 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: [signature] VP & CFO 4/30/95 216/579-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0466280 FP