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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:18

DOCUMENT # F04510 (6)

1. Corporation Name
CASH-RUSCO INC.

Principal Place of Business	Mailing Address
1155 BROKEN SOUND PARKWAY BOCA RATON FL 33487	1155 BROKEN SOUND PARKWAY BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1980	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2037907	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	11 TITLE	☑ Change	☐ Addition
NAME	COSTELLO, CHERI A.	12 NAME		
STREET ADDRESS	8478 SEATON PLACE	13 STREET ADDRESS	Delete	
CITY-ST-ZIP	MENTOR OH	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	Pres & CEO	☑ Change ☐ Addition
NAME	SCHULDT, DAVID, A	22 NAME		
STREET ADDRESS	5801 TOWN BAY RD	23 STREET ADDRESS	7820 Sequoia Lane	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Parkland FL 33067	
TITLE	S	31 TITLE	☑ Change	☐ Addition
NAME	HARTHUN, LUTHER	32 NAME		
STREET ADDRESS	7620 HILLBROOK LANE S	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	NOVELTY OH	34 CITY-ST-ZIP		
TITLE	AT	41 TITLE	☑ Change	☐ Addition
NAME	BYER, JAMES, L	42 NAME		
STREET ADDRESS	4420 SHERWIN RD.	43 STREET ADDRESS	Delete	
CITY-ST-ZIP	WILLOUGHBY OH	44 CITY-ST-ZIP		
TITLE	AT	51 TITLE	☑ Change	☐ Addition
NAME	SCHULTE, JAMES M	52 NAME		
STREET ADDRESS	4420 SHERWIN RD	53 STREET ADDRESS	Delete	
CITY-ST-ZIP	WILLOUGHBY OH	54 CITY-ST-ZIP		
TITLE	~~TREASURER, ASS~~	61 TITLE	[redacted], Asst Secretary	☐ Change ☑ Addition
NAME		62 NAME	Joseph Restivo	
STREET ADDRESS		63 STREET ADDRESS	4465 NW 28th Way	
CITY-ST-ZIP		64 CITY-ST-ZIP	Boca Raton FL 33434	

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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/5/95 407-998-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0280196 CP