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 JAN 20 PM 1:50

DOCUMENT # F93000000901 (9)

1. Corporation Name
R M FINANCIAL CORP.

Principal Place of Business	Mailing Address
921 CHATHAM LANE SUITE 110 COLUMBUS OH 43221	921 CHATHAM LANE SUITE 110 COLUMBUS OH 43221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 02/02/1994
4. FEI Number: 31-0831302 — 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 1601 Forum Place	26 1601 Forum Place
Suite, Apt. #, etc 22 Suite 805	Suite, Apt. #, etc 27 Suite 805
City & State 23 West Palm Beach FL	City & State 28 West PalmBeach FL
Zip 24 33401 Country 25 USA	Zip 29 33401 Country 30 USA

9. Name and Address of Current Registered Agent

MACKEY, WALTER J JR.
772 LAGOON DR.
NORTH PALM BEACH FL 33408

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 ______
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	MACKEY, WALTER J JR.	1.2 NAME	
STREET ADDRESS	772 LAGOON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	MACKEY, WALTER J JR.	2.2 NAME	
STREET ADDRESS	772 LAGOON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	ST ☒ Change ☐ Addition
NAME	FAVOR, ANNE	3.2 NAME	~~Mrs.~~ Lois Mackey
STREET ADDRESS	921 CHATHAM LANE, STE. 110	3.3 STREET ADDRESS	772 Lagoon Drive
CITY-ST-ZIP	COLUMBUS OH 43221	3.4 CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Walter J Mackey Jr.

1-16-95 (Date) — 407 684-8811 (Daytime Phone #)

0304727 CP