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FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90013 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002283

1. Corporation Name
VESTAX SECURITIES CORPORATION

Principal Place of Business 1931 GEORGETOWN ROAD HUDSON OH 44236	Mailing Address 1931 GEORGETOWN ROAD HUDSON OH 44236
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

4. FEI Number

34-1348311

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**STETSON, WILLIAM
12515 NORTH KENDALL DR.
SUITE #310
MIAMI FL 33186**

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

TITLE ☐ DELETE

NAME **C**
ROTH, R. LAWRENCE
STREET ADDRESS **1931 GEORGETOWN ROAD**
CITY-ST-ZIP **HUDSON OH 44236**

TITLE ☐ DELETE

NAME **DPST**
CONLEY, R. JACK
STREET ADDRESS **1931 GEORGETOWN ROAD**
CITY-ST-ZIP **HUDSON OH 44236**

TITLE ☐ DELETE

NAME **V**
CRITZER, DAVID K
STREET ADDRESS **1931 GEORGETOWN RD**
CITY-ST-ZIP **HUDSON OH**

TITLE ☐ DELETE

NAME **V**
BAUER, STACY L
STREET ADDRESS **1931 GEORGETOWN RD**
CITY-ST-ZIP **HUDSON OH**

TITLE ☐ DELETE

NAME **V**
BAUM, LUKE
STREET ADDRESS **1931 GEORGETOWN RD**
CITY-ST-ZIP **HUDSON OH**

TITLE ☐ DELETE

NAME **V**
HOOD, BRENDA L
STREET ADDRESS **1931 GEORGETOWN RD**
CITY-ST-ZIP **HUDSON OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID K CRITZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99
Date

800-234-5883
Daytime Phone #

CR2E034 (11/98)