FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004856 (1)

1. Corporation Name

OREO CORP. OF OHIO

Principal Place of Business	Mailing Address
127 PUBLIC SQUARE CLEVELAND OH 44114	C/O CORPORATE TAX DEPT. 127 PUBLIC SQUARE. 13TH FL. CLEVELAND OH 44114-1306 US

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1993	04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	34-1234878	Applied For / Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRUNAWALT, KARL G 127 PUBLIC SQUARE CLEVELAND OH	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V Kuhar, Kevin F. 127 Public Square Cleveland OH 44114	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO EHLE, FREDRIC F 127 PUBLIC SQUARE CLEVELAND OH	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUNICK, REBECCA J 127 PUBLIC SQ CLEVELAND OH	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RESCHNKE, ROBERT A 127 PUBLIC SQUARE CLEVELAND OH	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Reschke, Robert A 127 Public Square Cleveland OH 44114	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINGAY, JAMES S SR. 127 PUBLIC SQ CLEVELAND OH	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINTEL, CARL C JR 127 PUBLIC SQ CLEVELAND OH	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (12/95)

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: _~~Rebecca J. Grunick~~_   4/26/96   (216) 689-5266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #