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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
127 PUBLIC SQUARE
CLEVELAND OH 44114

Mailing Address
C/O CORPORATE TAX DEPT.
127 PUBLIC SQUARE, 13TH FL.
CLEVELAND OH 44114-1216
US

3. Date Incorporated or Qualified 10/27/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 34-1234878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNAWALT, KARL G	1.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EHLE, FREDRIC F	2.2 NAME	Kuhar, Kevin
STREET ADDRESS	127 PUBLIC SQUARE	2.3 STREET ADDRESS	127 Public Square
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	Cleveland, Ohio 44114
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNICK, REBECCA J	3.2 NAME	
STREET ADDRESS	127 PUBLIC SQ	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESCHKE, ROBERT A.	4.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINGAY, JAMES S SR.	5.2 NAME	Schutter, David
STREET ADDRESS	127 PUBLIC SQ	5.3 STREET ADDRESS	127 Public Square
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	Cleveland, Ohio 44114
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Asst. Treasurer/Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINTEL, CARL C JR	6.2 NAME	Sinopoli, Shani
STREET ADDRESS	127 PUBLIC SQ	6.3 STREET ADDRESS	127 Public Square
CITY-ST-ZIP	CLEVELAND OH	6.4 CITY-ST-ZIP	Cleveland, Ohio 44114

14. I do 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 included 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: Robert A. Reschke Robert A. Reschke 4/25/97 (216) 689-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #