

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 # F94000000475 (3)

1. Corporation Name

CONTINENTAL CLAIMS, INC.



Principal Place of Business

28800 CLEMENS ROAD
WESTLAKE OH 44145

Mailing Address

28800 CLEMENS ROAD
WESTLAKE OH 44145

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

34-1701993

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT
NAME FOGELBERG, JOHAN B.
STREET ADDRESS 150 EAST WILSON BRIDGE ROAD, STE. 200
CITY-ST-ZIP WORTHINGTON OH ☐ DELETE

TITLE PD
NAME HUNTER, LANCE D
STREET ADDRESS 150 EAST WILSON BRIDGE ROAD, STE. 200
CITY-ST-ZIP WORTHINGTON OH ☐ DELETE

TITLE S
NAME GUSTER, TIMOTHY S
STREET ADDRESS 28800 CLEMENS ROAD
CITY-ST-ZIP WESTLAKE OH 44145 ☐ DELETE

TITLE AT
NAME STEPHANS, WILLIAM W
STREET ADDRESS 28800 CLEMENS ROAD
CITY-ST-ZIP WESTLAKE OH 44145 ☐ DELETE

TITLE D
NAME MEDFORD, C.L.
STREET ADDRESS 23901 AURORA ROAD
CITY-ST-ZIP BEDFORD HTS OH ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 100 EAST CAMPUS VIEW BLVD, SUITE 240
1.4 CITY-ST-ZIP COLUMBUS OH 43235

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 100 EAST CAMPUS VIEW BLVD, SUITE 240
2.4 CITY-ST-ZIP COLUMBUS OH 43235

3.1 TITLE SD ☒ 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 Assistant Treasurer ☐ Change ☒ Addition
5.2 NAME JOHN W GRETTE
5.3 STREET ADDRESS 28800 CLEMENS ROAD
5.4 CITY-ST-ZIP WESTLAKE OH 44145

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Grette 5/10/96 (216)892-3000

Date

Daytime Phone #

CR2E034 (12/95)