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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001648

1. Corporation Name

LCC HOLDING COMPANY

Principal Place of Business	Mailing Address
9393 SPRINGBORO PIKE P.O. BOX 933 DAYTON OH 45401-0933 US	9393 SPRINGBORO PIKE P.O. BOX 933 DAYTON OH 45463 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 2-18-94
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 31-1401551 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P D	☒ Change ☐ Addition
NAME	MALY, GEORGE J JR	12 NAME	BRUGGINK, HERMAN	
STREET ADDRESS	1458 WESTWICKE DR	13 STREET ADDRESS	301 GIBRALTAR DR.	
CITY-ST-ZIP	DAYTON OH	14 CITY-ST-ZIP	MORRIS PLAINS, NJ 07950	
TITLE	VPD	21 TITLE	S D	☒ Change ☐ Addition
NAME	HAYMAN, JEFFREY L	22 NAME	HORBACZEWIKI, HENRY Z	
STREET ADDRESS	10417 STEAM PARK CT	23 STREET ADDRESS	275 WASHINGTON ST.	
CITY-ST-ZIP	SPRING VALLEY OH	24 CITY-ST-ZIP	NEWTON, MA 02158	
TITLE	D	31 TITLE	T	☒ Change ☐ Addition
NAME	SHANE, CHARLES N JR	32 NAME	BETTES III, RICHARD S.	
STREET ADDRESS	849 LINCOLN WOODS	33 STREET ADDRESS	275 WASHINGTON ST.	
CITY-ST-ZIP	DAYTON OH	34 CITY-ST-ZIP	NEWTON, MA 02158	
TITLE	T	41 TITLE	ATIAS	☒ Change ☐ Addition
NAME	HITTER, JOSEPH I.	42 NAME	FONTAINE, CHARLES P.	
STREET ADDRESS	10 W SECOND STREET	43 STREET ADDRESS	275 WASHINGTON ST.	
CITY-ST-ZIP	DAYTON OH	44 CITY-ST-ZIP	NEWTON, MA 02158	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	VAN VOLLENHOVEN, LOUIS	
STREET ADDRESS		53 STREET ADDRESS	275 WASHINGTON ST.	
CITY-ST-ZIP		54 CITY-ST-ZIP	NEWTON, MA 02158	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

KW

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)(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.

SIGNATURE: Charles P. Fontaine CHARLES P. FONTAINE 4/27/95 617-558-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #