**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

**DOCUMENT # F94000002062 (7)**

1. Corporation Name
**MOODY/NOLAN LTD., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1776 E. BROAD ST.<br>COLUMBUS OH 43203 | 1776 E. BROAD ST.<br>COLUMBUS OH 43203 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/20/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

4. FEI Number
31-1256984
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EXTEIN, MARK D
111 N. ORANGE AVE., SUITE 1800
ORLANDO FL 32802

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: X _____ _____ _____
Signature of new or previous registered agent (if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>NOLAN, HOWARD E<br>1705 CARILLON PARK DR.<br>ORLANDO FL 32765 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Principal<br>J. William Miller<br>2556 East Broad Street<br>Bexley OH 43209 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P and Treasurer<br>MOODY, CURTIS J<br>3887 SUNBURY RD.<br>COLUMBUS OH 43219 Columbus | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Director<br>Eileen M. Goodman<br>2641 Hickory Pond<br>Columbus, OH 43221 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LARRIMER, ROBERT K<br>1521 GRENOBLE RD.<br>COLUMBUS OH 43221 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Director<br>Gertrude B. Nolan<br>1705 Carillon Park Dr.<br>Orlando FL 32765 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>PRYOR, PAUL F<br>428 SWEETGUM WAY<br>WESTERVILLE OH 43081 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Director<br>Elaine S. Moody<br>3887 Sunbury Rd.<br>Columbus, OH 43219 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director<br>Kathleen H. Ransier<br>66 Thurman Ave<br>Columbus, OH 43206 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/97)

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 added in an attachment with an address.

**SIGNATURE:** X _____ _____ _____
NAME OF PERSON SIGNING (TYPE OR PRINT) TITLE OF PERSON SIGNING (TYPE OR PRINT) DATE