

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra S. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002517**  
 1. Corporation Name  
**CSIC VENTURE, INC.**

Principal Place of Business <b>300 Phillipi Rd.</b> <b>P.O. Box 28512</b> <b>Columbus, OH 43228-0512</b>	Mailing Address <b>300 Phillipi Rd.</b> <b>P.O. Box 28512</b> <b>Columbus, OH 43228-0512</b>
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3. Date Incorporated or Qualified <b>05/16/94</b>	3a. Date of Last Report <b>04/23/96</b>
4. FEI Number <b>31-1182908</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	28 Zip
24 Country	29 Country
25	30

<b>9. Name and Address of Current Registered Agent</b> <b>Corporation Service Company</b> <b>1201 Hays Street</b> <b>Tallahassee, FL 32301</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael L. Glazer	1.2 NAME	
STREET ADDRESS	300 Phillipi Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43228-0512	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert J. Bell	2.2 NAME	
STREET ADDRESS	300 Phillipi Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43228-0512	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J. Potter	3.2 NAME	
STREET ADDRESS	300 Phillipi Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43228-0512	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. McGrady	4.2 NAME	
STREET ADDRESS	300 Phillipi Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43228-0512	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. Kelley	5.2 NAME	
STREET ADDRESS	300 Phillipi Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43228-0512	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *James McGrady* **JAMES MCGRADY**  
 VICE PRESIDENT & TREASURER 4/25/97 (614) 278-6837