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CORPORATION ANNUAL REPORT
**1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:08

DOCUMENT # **F94000002767 (1)**

1. Corporate Name
**NORMAN HARRIS ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6400 RIVERSIDE DRIVE<br>SUITE 100, BLDG C<br>DUBLIN OH 43017 | 6400 RIVERSIDE DRIVE<br>SUITE 100, BLDG C<br>DUBLIN OH 43017 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1994** | 3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 **5090 SAWMILL ROAD** | 26 **5090 SAWMILL ROAD** |
| Suite, Apt. #, etc<br>22 **SUITE 230** | Suite, Apt. #, etc<br>27 **SUITE 230** |
| City & State<br>23 **DUBLIN, OHIO** | City & State<br>28 **DUBLIN, OHIO** |
| Zip / Country<br>24 **43017-1591** / 25 **U.S.A.** | Zip / Country<br>29 **43017-1591** / 30 **U.S.A.** |

4. FEI Number: **31-1267530** ☐ 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 § 199.032 Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYS STREET, SUITE 105<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 of New Registered Agent, if changing) DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| CD<br>HARRIS, NORMAN L<br>8580 TURNBERRY CT.<br>DUBLIN OH | ☐ Change ☐ Add |
| S<br>HARRIS, SHIRLEY<br>8580 TURNBERRY CT.<br>DUBLIN OH | ☐ Change ☐ Add |
| P<br>HUGHES, RALPH L<br>2359 GAVINLEY WAY<br>COLUMBUS OH | ☐ Change ☐ Add |
| | ☐ Change ☐ Add |
| | ☐ Change ☐ Add |
| | ☐ Change ☐ Add |

14. I hereby certify that the information indicated on this report or supplemental 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 13 above, or on an attachment with an address.

SIGNATURE: _____ RALPH L. HUGHES 3-9-95 614-766-5355
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Signature

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