

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005138 (2)

1. Corporation Name

LIBERTY LENDING SERVICES, INC.

Principal Place of Business

2251 ROMBACH AVE.
WILMINGTON OH 45177-1000

Mailing Address

P.O. BOX 1000
WILMINGTON OH 45177-1000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

34-1151450

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	POWELL, JOHN H
STREET ADDRESS	950 MITCHELL RD.
CITY-ST-ZIP	WILMINGTON OH 45177
TITLE	V
NAME	MASSARA, ANTHONY
STREET ADDRESS	988 MITCHELL RD.
CITY-ST-ZIP	WILMINGTON OH 45177
TITLE	T
NAME	POWELL, KENT R
STREET ADDRESS	8917 ST. RT. 722
CITY-ST-ZIP	ARCANUM OH 45304
TITLE	D
NAME	POWELL, BURNETTE
STREET ADDRESS	2388 ST. RT. 12
CITY-ST-ZIP	RAWSON OH 45881
TITLE	D
NAME	POWELL, JAMES R
STREET ADDRESS	8469 KINGS GRANT PASSAGE
CITY-ST-ZIP	CENTERVILLE OH 45459
TITLE	D
NAME	AYRES, KATHLEEN
STREET ADDRESS	1400 S. HIGH ST.
CITY-ST-ZIP	HILLSBORO OH 45133

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ 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	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. POWELL, PRESIDENT

(513) 382-1000

Date

Typed Name