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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005227 (3)

1. Corporation Name  
PCC BAMCO CORP.



Principal Place of Business  
112 N. GALWAY DR.  
GRANVILLE OH 43023

Mailing Address  
P O BOX 430  
CRANVILLE OH 43023-0430  
US

3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last Report 02/05/1996
4. FEI Number 31-1417511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21 1967 Newark-Granville Rd. Suite, Apt #, etc. 22 City & State 23 Granville, OH Zip 24 43023	2a. Mailing Address 26 P.O. Box 496 Suite, Apt #, etc. 27 City & State 28 Granville, OH Zip 29 43023	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FRANCIONE, RONALD C	1.2 NAME	
STREET ADDRESS	95 ALLENS CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14618	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	HEAD, WILLIAM M	2.2 NAME	Head, William M.
STREET ADDRESS	112 N. GALWAY DR.	2.3 STREET ADDRESS	1967 Newark-Granville Rd.
CITY-ST-ZIP	GRANVILLE OH 43023	2.4 CITY-ST-ZIP	Granville, OH 43023
TITLE	SD	3.1 TITLE	
NAME	MENZER, MICHAEL J	3.2 NAME	Menzer, Michael J.
STREET ADDRESS	112 N. GALWAY DR.	3.3 STREET ADDRESS	1967 Newark-Granville Rd.
CITY-ST-ZIP	GRANVILLE OH 43023	3.4 CITY-ST-ZIP	Granville, OH 43023
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Vice President 4/8/97 614-587-4150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)