FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005376 (8)**

1. Corporation Name
CHS INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1900 E. DUBLIN-GRANVILLE ROAD COLUMBUS OH 43229-3515	1900 E. DUBLIN-GRANVILLE ROAD COLUMBUS OH 43229-3515

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/14/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **76-0438472** ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HOULAHAN, MARY ANNE	12 NAME	
STREET ADDRESS	2956 GRACELAND WAY	13 STREET ADDRESS	
CITY-ST-ZIP	GLENDALE CA 91206	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BREWER, D'RAY	22 NAME	
STREET ADDRESS	981 GRANDON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43209	24 CITY-ST-ZIP	
TITLE	CFOT	31 TITLE	☐ Change ☐ Addition
NAME	JUCKETT, H C	32 NAME	
STREET ADDRESS	6970 RIEBER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH 43085	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	DWYER, CATHERINE T	42 NAME	
STREET ADDRESS	174 NORTH MOUNTAIN AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ 07042	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	TUCH, ROBERT	52 NAME	
STREET ADDRESS	5858 NIKE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	HILLIAND OH 43026	54 CITY-ST-ZIP	
TITLE	CO	61 TITLE	☐ Change ☐ Addition
NAME	BURNS, MICHAEL D	62 NAME	
STREET ADDRESS	598 LINDFORD DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	BAY VILLAGE OH 44140	64 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 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: Michael D Burns MICHAEL D BURNS 4/14/95 (614) 899-5617
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0478300 FP