

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000301 (0)

1. Corporation Name

BUCKINGHAM, DOOLITTLE & BURROUGHS, A LEGAL PROFESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

50 S. MAIN STREET
PO BOX 1500
AKRON OH 44309

50 S. MAIN STREET
PO BOX 1500
AKRON OH 44309

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEL Number

34-1229659

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROYER, JEFFREY T
2499 GLADES ROAD, SUITE 313
BOCA RATON FL 33431

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 607.1108, 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, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BRIGGS, ROBERT W	
STREET ADDRESS	50 S. MAIN STREET, P.O. BOX 1500	
CITY-ST-ZIP	AKRON OH 44309	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALONE, ROBERT W	
STREET ADDRESS	50 S. MAIN STREET, P.O. BOX 1500	
CITY-ST-ZIP	AKRON OH 44309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANNA, DAVID J	
STREET ADDRESS	50 S. MAIN STREET, P.O. BOX 1500	
CITY-ST-ZIP	AKRON OH 44309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPLAN, WILLIAM L	
STREET ADDRESS	50 S. MAIN STREET, P.O. BOX 1500	
CITY-ST-ZIP	AKRON OH 44309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUREK, JAMES D	
STREET ADDRESS	50 S. MAIN STREET, P.O. BOX 1500	
CITY-ST-ZIP	AKRON OH 44309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNDY, TODD S	
STREET ADDRESS	624 MARKET STREET, N.	
CITY-ST-ZIP	CANTON OH 44702	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deborah Secker	
1.3 STREET ADDRESS	50 S. MAIN STREET	
1.4 CITY-ST-ZIP	AKRON OH 44309	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patrick J. Keating	
2.3 STREET ADDRESS	50 S. MAIN STREET	
2.4 CITY-ST-ZIP	AKRON OH 44309	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas W. Hess	
3.3 STREET ADDRESS	88 E. BROAD ST	
3.4 CITY-ST-ZIP	COLUMBUS, OH 43215	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeffrey A. Hahn	
4.3 STREET ADDRESS	624 Market N	
4.4 CITY-ST-ZIP	Canton OH 44701	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

Signature, Printed Name

CR2E034 (12/95)