PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

F95000000505 (6)

HER, INC.

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Principal Place	of Business		М	ailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4656 EXECU				4656 EXECUTIVE DR						
COLUMBUS	OH 43220			COLUMBUS OH 43220	1					
								3. Date incorporated or Qualified 3a. 01/30/1995	Date of Last	Report
2. Principal Pla	ace of Busine	SS	2a 26	. Mailing Address				4. FET Number 31-0730341		Applied For Not Applicable
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>75</b> Additional le Required
City & State	•		28	City & State				<b>6.</b> Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees
Zip Country				Zip Country				8. This corporation has liability for intang	il e tax under	s 199.032,
24		25	29		30	T		Florida Statutes		
·····	9. Name	and Address of Curre	nt Regis	stered Agent		04	NI	10. Name and Address of New Regist	ered Agent	<del></del>
CT COD		LEVETEN				81	Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD						82	Street Add	treet Address (P.O. Box Number is Not Acceptable)		
	TION FL 3					83				<del></del>
							·····			
						84	City		FL  85	Zip Code
11. Pursuant to or registere familiar with SIGNATURE	o the provision ed agent, or th, and accep	ons of Sections 607.050; both, in the State of Flor It the obligations of, Sec	2 and 60 ida. Sucl tion 607	07.1508, Florida Statuti h change was authoriz .0505, Florida Statutes	es, the ab ed by the	ove r corp	named corp oration's bo	oration submits this statement for the purpose pard of directors. I hereby accept the appointment	of changing it ant as register	s registered office ed agent. I am
SIGNATURE	Signature, typed o	or printed name of registered age:	rand tile if	anylicable. (NO	E Registere	d Agen	r, signature requ		DATE	
12.	CT	OFFICERS AN	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	T	, HARLEY E		DELETE	1. 1			C/T/D	Chang	ge Addition
NAME Street address	2375 L				1.2 M		ADDRESS	louda, Hurley E. 2375 Lane Rd		
CITY-\$1-ZIP	COLUM	BUS OH 43221				HTY-S	ļ	Columbus, Ohio 437	<b>2</b> 1	
TITLE	VCP			["] DELETE	2.1		(	P/0 .	Chang	ge 🔲 Addition
NAME		GEORGE W			221	AME	5	The Control W		
STREET ADDRESS		IVERVIEW DR			238	TREET	ADDRESS 2	1498 Riverview Drive	23 I	
CITY-ST-ZIP	COLUM	BUS OH 43221		Fin our over		IIY-S		Columbus Ohio 432		The state of the s
TITLE	BOLIDA	, HARLEY E JR		[] DECE 16	3 1		\	1/0 Harley E 35	Chang	ge 🔲 Addition
NAME Street Address		ORKSHIRE			321		r address	Rouda, Hacley E.Jr. 2114 Yorkshire		
CHTY-ST-ZIP		BUS OH 43221					ST-ZIP	Columbus Ohio 4322	. 1	
TITLE	\$			☐ DELETE		TITLE		5/P	Chang	ge 🔲 Addition
NAME		RSON-EDDY, PAT A			421	LAME		Halverson - Eddy Pat A		
STREET ADDRESS		ASHION RD			4.3 5	THEET	ADDRESS	Halverson - Eddy Pat A sour Cashien Rd		
CITY-S1-ZiP		RD OH 43026			440	ITY-S	IT - ZIP	Hilliand Dhio 43626		
TITLE	D Bean,	DALII		DELETE		TITLE		V/0	Chang	ge Addition
NAME		PAUL ORKINGHAM DR				IAME	<u>[</u>	Rouda, Greer 3885 Woodbridge		
STREET ADDRESS		OH 43017								
CITY-S1-ZIP TITLE	D			DELETE		HTY-S TITLE	1	Columbus, Ohio 43220	Chang	ge 🔲 Addition
NAME	_	AN, JOHN		_ beer		IAME		Bean, Paul	onang	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS		RROWWOOD LOOP	W.				ADDRESS	Bean Paul 6181 Deeside		

CITY-S1-ZIP

Outline Statutes I further certify that the information supplied with this fling 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 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 early; 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 organization with an address.

SIGNATURE S ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6144597400

	PROFIT PROPATION JUAL REPORT 1996	Sandra B Secretar	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS	2-3 Attachment I
<ol> <li>Corporation</li> </ol>	JMENT # F9500 ion Name , INC.	00000505 (6)		
	ce of Business	Mailing Address	,	
4656 EXEC		4656 EXECUTIVE DR COLUMBUS OH 43220		
				Date Incorporated or Qualified
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for intangine tax under s 199.032, Florida Statutes  Yes W No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
	DRPORATION SYSTEM S. PINE ISLAND RD		82 Street A	ddinas. (P.O. Box Number is Not Acceptable)
PLANT 11. Pursuant or registe familiar w	S. PINE ISLAND RD  SATION FL 33324  It to the provisions of Sections 607.0502  pred agent, or both, in the State of Floric  with, and accept the obligations of, Sections	ion 607.0505, Florida Statutes.	83  84 City  the above-named corby the corporation's b	PL 85 Zip Code poration submits this statement for the purpose of changing its registered office loard of directors. I hereby accept the appointment as registered agent. I am
PLANT  11. Pursuant or registe	S. PINE ISLAND RD  IATION FL 33324  It to the provisions of Sections 607.0502  ered agent, or both, in the State of Floric  with, and accept the obligations of, Sections	ion 607.0505, Florida Statutes.	83 84 City	poration submits this statement for the purpose of changing its registered office loard of directors. I hereby accept the appointment as registered agent. I am
PLANT  11. Pursuant or registe familiar w SIGNATURE  12.  ITLE STREET ADDRESS	S. PINE ISLAND RD FATION FL 33324  It to the provisions of Sections 607,0502 ered agent, or both, in the State of Floric with, and accept the obligations of, Section  Signature, typed or printed name of registered agent  OFFICERS AND  T  ROUDA, HARLEY E  2375 LANE RD	ion 607.0505, Florida Statutes.	83  84 City  the above-named corby the corporation's but the corporation of the corporatio	poration submits this statement for the purpose of changing its registered office pour of directors. Thereby accept the appointment as registered agent. I am pured when reinstating.    DATE   ADDITICALS OF LANCES TO   Change   Addition
PLANT  11. Pursuant or registe familiar w SIGNATURE  12.  11LE  IAME STREET ADDRESS DITY-ST-ZIP IILE IAME STREET ALIDRESS	S. PINE ISLAND RD SATION FL 33324  It to the provisions of Sections 607.0502 pred agent, or both, in the State of Floric with, and accept the obligations of, Sections Signature, typed or printed name of registered agent OFFICERS AND THE ROUDA, HARLEY E 2375 LANE RD COLUMBUS OH 43221 VCP SMITH, GEORGE W	and life if application (NOTE)  D DIRECTORS	B3  B4 City  the above-named corby the corporation's E  Pogistered Agent signature re  13.  1 TITLE 12 NAME 13 STREET ADDRESS 14 City-SI-ZiP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	poration submits this statement for the purpose of changing its registered office locard of directors. Thereby accept the appointment as registered agent. I am    DATE   DATE   DATE   DATE   DATE   DATE
PLANT  11. Pursuant or registe familiar w SIGNATURE  2.  11ILE IAME 17Y-ST-ZIP 11LE IAME 17FEET AUDRESS 11Y-ST-ZIP 11LE IAME 17FEET AUDRESS 11Y-ST-ZIP 11LE IAME 17FEET AUDRESS 11Y-ST-ZIP 11LE 17FEET AUDRESS 11Y-ST-ZIP 11LE 17FEET AUDRESS	S. PINE ISLAND RD SATION FL 33324  It to the provisions of Sections 607,0502 ered agent, or both, in the State of Floric with, and accept the obligations of, Sections Signature, typed or printed name of registered agent OFFICERS AND THE ROUDA, HARLEY E 2375 LANE RD COLUMBUS OH 43221 VCP SMITH, GEORGE W 3998 RIVERVIEW DR	and life if application (NOTE)  D DIRECTORS  DELETE	Registered Agent signature received the corporation's Experiment of the corporation of the corporati	poration submits this statement for the purpose of changing its registered office part of directors. Thereby accept the appointment as registered agent. I am hired when reastating.  DATE  ADDIFICUS OF ANCIES TO LANCES TO LANCE
PLANT  11. Pursuant or registe familiar w  SIGNATURE  12.  ITILE HAME STREET ADDRESS STY-ST-ZIP HAME STREET ADDRESS STY-ST-ZIP HAME TREET ADDRESS HY-ST-ZIP HAME TREET ADDRESS HY-ST-ZIP HAME TREET ADDRESS HY-ST-ZIP HAME TREET ADDRESS	S. PINE ISLAND RD SATION FL 33324  It to the provisions of Sections 607.0502  pred agent, or both, in the State of Floric  with, and accept the obligations of, Sections  OFFICERS AND  OFFICERS AND  CT  ROUDA, HARLEY E  2373 LANE RD  COLUMBUS, OH 43221  VCP  SMITH, GEORGE W  3998 RIVERVIEW DR  COLUMBUS OH 43221  V  ROUDA, HARLEY E JR  2114 YORKSHIRE	and life if application (NOTE) D DIRECTORS DELETE	Registered Agent signature received by the corporation's E  Pegistered Agent signature received agent signature received agent signature received at 13.  1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZP 4 1 TITLE 42 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZP 5.5 STREET ADDRESS	poration submits this statement for the purpose of changing its registered office coard of directors. Thereby accept the appointment as registered agent. I am over th
PLANT  11. Pursuant or registe familiar w  SIGNATURE  12.  ITLE HAME STREET ADDRESS STY-ST-ZIP HAME STREET ADDRESS HY-ST-ZIP HAME HAME TREET ADDRESS HY-ST-ZIP HILE HAME TREET ADDRESS	S. PINE ISLAND RD SATION FL 33324  It to the provisions of Sections 607.0502 pred agent, or both, in the State of Floric with, and accept the obligations of, Sections Signature, typed or printed name of registered agent OFFICERS ANI  CT ROUDA, HARLEY E 2375 LANE RD COLUMBUS OH 43221  VCP SMITH, GEORGE W 3998 RIVERVIEW DR COLUMBUS OH 43221  V ROUDA, HARLEY E JR 2114 YORKSHIRE COLUMBUS OH 43221  S HALVERSON-EDDY, PAT A 5008 CASHION RD	and life if applicable. (NOTE D DIRECTORS DELETE	Registered Agent signature received by the corporation's E  Pegistered Agent signature received agent signature received agent signature received at 13.  1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CHY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 54 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS	poration submits this statement for the purpose of changing its registered officionard of directors. Thereby accept the appointment as registered agent. I am pured when reinstating.  DATE  ADDITICUS - MANGES TO
PLANT  11. Pursuant or registe familiar w SIGNATURE	S. PINE ISLAND RD SATION FL 33324  It to the provisions of Sections 607.0502 pred agent, or both, in the State of Floric with, and accept the obligations of, Sections Signature, typed or printed name of registered agent OFFICERS ANI CT ROUDA, HARLEY E 2375 LANE RD COLUMBUS OH 43221 VCP SMITH, GEORGE W 3998 RIVERVIEW DR COLUMBUS OH 43221 V ROUDA, HARLEY E JR 2114 YORKSHIRE COLUMBUS OH 43221 S HALVERSON-EDDY, PAT A 5008 CASHION RD HILLIARD OH 43026 D BEAN, PAUL 5030 WORKINGHAM DR	DELETE  DELETE  DELETE  DELETE	Real City  the above-named corby the corporation's E  Progratured Agent signature received to the corporation's E  13.  1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS	PL 85 Zip Code  poration submits this statement for the purpose of changing its registered office poration of directors. Thereby accept the appointment as registered agent. I am  pared when reinstating:  DATE  ADDITICATE PANGES TO THE PARED  Change PAddition  Hunt, Pan  112 S. Parkview Ave.  Columbus Ohio 43209  V/D Change PAddition  Warthington Ohio 43085  Pedon, Felix  2421 Plymouth  Columbus Ohio 43209  Change PAddition  Maddition  Columbus Ohio 43209  Change PAddition  Maddition  Columbus Ohio 43209  Change PAddition  Maddition  Columbus Ohio 43209  Change PAddition

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

1996

F95000000505 (6)

DOCUMENT #

HER, INC. Principal Place of Business Mailing Address 4656 EXECUTIVE DR 4656 EXECUTIVE DR **COLUMBUS OH 43220** COLUMBUS OH 43220 3. Date incorporated or Qualified 01/30/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 31-0730341 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 27 Fee Required City & State City & State 6. Election Campaign Financies \$5.00 May Be 23 28 Toust Fund Contribution Added to Fees Zio Country This corporation has liability for intangilie tax under s 199.032, Florida Statutes

Yes
In No Zκρ Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 82 Street Andress (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 83 84 City Zip Code 85 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 reinstating) 12 OFFICERS AND DIRECTORS 13. Ċī TITLE DELETE 1 1 THEF ☐ Change 4 Addition Rouda, Harley e NAME 1.2 NAME 18623 Rembiandt Terrace 23X5 LANE RD STREET ADDRESS 1.3 STREET ADDRESS COLMMBUS OH 43221 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DEVETE Change 2. 1 TITLE Addition SMITH, GEORGE W Rouda, Martise NAME 2.2 NAME 3998 RIVERNIEW DR 2375 Lane Road STREET ADDRESS 2.3 STREET ADDRESS COLUMBUS ON 43221 Columbus Ohio 4 3220 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 HILE ☐ Change Addition ROUDA, HARLEY EVIR MARKE 3.2 NAME 2114 YORKSHIRE STREET ADDRESS 33 STREET ADDRESS COLUMBUS OH 43221 CITY-ST-ZIP 3.4 CITY - ST- ZIP DELETE TITLE 4 1 TITLE [ ] Change Addition HALVERSON-EDDY, PAP NAME 4.2 NAME 5008 CASHION RD STREET ADDRESS 4.3 STREET ADDRESS HILLIARD OH 43026 CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5 1 TITLE ☐ Change Addition BEAN, PAUL NAME 5.2 NAME

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 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 13 if changed, or on an attachment with an address.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY - ST-ZIP

6 1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

5030 WORKINGHAM DR

COLUMBUS OH 43229

5254 ARROWWOOD LOOP W.

**DUBLIN, OH 43017** 

EVERMAN, JOHN

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELE?

Daytin e Prione #

Change

☐ Addition

Attachment I