

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

1-3

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F95000000505 (6)

1. Corporation Name
HER, INC.



Principal Place of Business

**4656 EXECUTIVE DR
COLUMBUS OH 43220**

Mailing Address

**4656 EXECUTIVE DR
COLUMBUS OH 43220**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT 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

3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report

4. FEI Number
31-0730341

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

10. Name and Address of New Registered Agent

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 officer 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 file if applicable.

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	ROUDA, HARLEY E	
STREET ADDRESS	2375 LANE RD	
CITY-ST-ZIP	COLUMBUS OH 43221	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	SMITH, GEORGE W	
STREET ADDRESS	3998 RIVERVIEW DR	
CITY-ST-ZIP	COLUMBUS OH 43221	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROUDA, HARLEY E JR	
STREET ADDRESS	2114 YORKSHIRE	
CITY-ST-ZIP	COLUMBUS OH 43221	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALVERSON-EDDY, PAT A	
STREET ADDRESS	5008 CASHION RD	
CITY-ST-ZIP	HILLIARD OH 43026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAN, PAUL	
STREET ADDRESS	5030 WORKINGHAM DR	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVERMAN, JOHN	
STREET ADDRESS	5254 ARROWWOOD LOOP W.	
CITY-ST-ZIP	COLUMBUS OH 43229	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rouda, Harley E.	
1.3 STREET ADDRESS	2375 Lane Rd	
1.4 CITY-ST-ZIP	Columbus, Ohio 43221	
2.1 TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, George W	
2.3 STREET ADDRESS	3498 River View Drive	
2.4 CITY-ST-ZIP	Columbus, Ohio 43221	
3.1 TITLE	V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rouda, Harley E Jr.	
3.3 STREET ADDRESS	2114 Yorkshire	
3.4 CITY-ST-ZIP	Columbus, Ohio 43221	
4.1 TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Halverson - Eddy, Pat A	
4.3 STREET ADDRESS	5008 Cashion Rd	
4.4 CITY-ST-ZIP	Hilliard, Ohio 43026	
5.1 TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rouda, Greer	
5.3 STREET ADDRESS	3885 Woodbridge	
5.4 CITY-ST-ZIP	Columbus, Ohio 43220	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bean, Paul	
6.3 STREET ADDRESS	6181 Deeside	
6.4 CITY-ST-ZIP	Dublin, Ohio 43017	

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 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

4/22/96

6144597400

CR2E034 (12/95)

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

2-3 Attachment I

PROFIT
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1996



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DOCUMENT # F95000000505 (6)

1. Corporation Name
HER, INC.

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4656 EXECUTIVE DR
COLUMBUS OH 43220

Mailing Address
4656 EXECUTIVE DR
COLUMBUS OH 43220

3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report
4. FEI Number 31-0730341	Applied For <input type="checkbox"/> 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CT
NAME	ROUDA, HARLEY E
STREET ADDRESS	2375 LANE RD
CITY-ST-ZIP	COLUMBUS OH 43221
TITLE	VCP
NAME	SMITH, GEORGE W
STREET ADDRESS	3998 RIVERVIEW DR
CITY-ST-ZIP	COLUMBUS OH 43221
TITLE	V
NAME	ROUDA, HARLEY E JR
STREET ADDRESS	2114 YORKSHIRE
CITY-ST-ZIP	COLUMBUS OH 43221
TITLE	S
NAME	HALVERSON-EDDY, PAT A
STREET ADDRESS	5008 CASHION RD
CITY-ST-ZIP	HILLIARD OH 43026
TITLE	D
NAME	BEAN, PAUL
STREET ADDRESS	5030 WORKINGHAM DR
CITY-ST-ZIP	DUBLIN OH 43017
TITLE	D
NAME	EVERMAN, JOHN
STREET ADDRESS	5254 ARROWWOOD LOOP W.
CITY-ST-ZIP	COLUMBUS OH 43229

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	O
1.2 NAME	Hunt, Paul
1.3 STREET ADDRESS	112 S. Parkview Ave.
1.4 CITY-ST-ZIP	Columbus, Ohio 43209
2.1 TITLE	V/O
2.2 NAME	Van Lent, Geraldine
2.3 STREET ADDRESS	4114 Hinsdale
2.4 CITY-ST-ZIP	Westington, Ohio 43085
3.1 TITLE	D
3.2 NAME	Pedon, Felix
3.3 STREET ADDRESS	2421 Plymouth
3.4 CITY-ST-ZIP	Columbus, Ohio 43209
4.1 TITLE	D
4.2 NAME	McCurdy, Kurt
4.3 STREET ADDRESS	3295 Glen Oaks Court
4.4 CITY-ST-ZIP	Lewis Center, Ohio 43035
5.1 TITLE	D
5.2 NAME	Rouda, Jan
5.3 STREET ADDRESS	1721 Arlington Drive N.
5.4 CITY-ST-ZIP	Columbus, Ohio 43220
6.1 TITLE	D
6.2 NAME	Whitcraft, Barbara
6.3 STREET ADDRESS	797 St. Roys Ave.
6.4 CITY-ST-ZIP	Columbus Ohio 43204

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (12/95)

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22 City & State

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23 Zip

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Country

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Florida Statutes ☐ Yes ☒ No

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SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION

TITLE ☐ DELETE
NAME ROUDA, HARLEY E
STREET ADDRESS 2375 LANE RD
CITY - ST - ZIP COLUMBUS OH 43221
TITLE ☐ DELETE
NAME VCP
STREET ADDRESS SMITH, GEORGE W
CITY - ST - ZIP 3998 RIVERVIEW DR
COLUMBUS OH 43221
TITLE ☐ DELETE
NAME V
STREET ADDRESS ROUDA, HARLEY E JR
CITY - ST - ZIP 2114 YORKSHIRE
COLUMBUS OH 43221
TITLE ☐ DELETE
NAME S
STREET ADDRESS HALVERSON-EDDY, PAT A
CITY - ST - ZIP 5008 CASHION RD
HILLIARD OH 43026
TITLE ☐ DELETE
NAME D
STREET ADDRESS BEAN, PAUL
CITY - ST - ZIP 5030 WORKINGHAM DR
DUBLIN OH 43017
TITLE ☐ DELETE
NAME D
STREET ADDRESS EVERMAN, JOHN
CITY - ST - ZIP 5254 ARROWWOOD LOOP W.
COLUMBUS OH 43229

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME 0
1.3 STREET ADDRESS Rouda, Leslie
1.4 CITY - ST - ZIP 18523 Rumboldt Terrace
Dallas, TX 75252
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME 0
2.3 STREET ADDRESS Rouda, Markose
2.4 CITY - ST - ZIP 2375 Lane Road
Columbus, Ohio 43220
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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)