

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000000967 (8)

1. Corporation Name  
MACOLA, INC.



Principal Place of Business  
333 E. CENTER ST.  
MARION OH 43302

Mailing Address  
333 E. CENTER ST.  
MARION OH 43302-4101

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	

3. Date Incorporated or Qualified 02/28/1995	3a. Date of Last Report 07/17/1996
4. FEI Number 31-0809288	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	

9. Name and Address of Current Registered Agent

LOGAN, ALEX  
769 LAKE BOULEVARD  
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name	Jon Liebold		
82 Street Address (P.O. Box Number is Not Acceptable)	Suite 207		
83	150 Pine Island Rd		
84 City	PLANTATION	85 FL	Zip Code 33324

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 Jon Liebold (NOTE: Registered Agent signature required when reinstating) DATE 4-22-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGER, BRUCE	1.2 NAME	
STREET ADDRESS	333 E CENTER STILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHORTER, MARK	2.2 NAME	
STREET ADDRESS	333 E. CENTER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMA, SANJEEV	3.2 NAME	
STREET ADDRESS	333 E CENTER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDAD, DALE	4.2 NAME	
STREET ADDRESS	333 E CENTER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH 43302	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered agent 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:

Jon Liebold

4/23/97

CR2E034 (9/96)