

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

FILED

Jan 15 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 # F95000001633 (5)

1. Corporation Name

CHAPEL HILL SECURITIES, INCORPORATED



Principal Place of Business

4859 DOVER CENTER RD.
SUITE 11
NORTH OLMSTED OH 44070-0630

Mailing Address

P.O. BOX 630
NORTH OLMSTED OH 44070-0630

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4859 DOVER CENTER RD.

Suite, Apt. #, etc.

27 SUITE 11

City & State

28 NORTH OLMSTED, OH

Zip

29 44070

Country

30 USA

4. FEI Number

34-1690588

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

BRADY, ROBERT J
2158 SHADY HILL TER.
WINTER PARK FL 32792

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 of Registered Agent or Director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BRADY, MICHAEL C
STREET ADDRESS 4859 DOVER CENTER RD.
CITY-ST-ZIP NORTH OLMSTED OH 44070

TITLE VD ☐ DELETE

NAME BAIR, JOHN H
STREET ADDRESS 4859 DOVER CENTER RD.
CITY-ST-ZIP NORTH OLMSTED OH

TITLE S ☒ DELETE

NAME KNOTH, RICHARD M
STREET ADDRESS HALL BUILDING, NINTH FLOOR
CITY-ST-ZIP CLEVELAND OH 44115

TITLE D ☐ DELETE

NAME BROWN TIMOTHY F
STREET ADDRESS 2855 WEST MARKET STREET
CITY-ST-ZIP AKRON OH

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSD ☒ Change ☐ Addition

1.2 NAME BAIR, JOHN H
1.3 STREET ADDRESS 4859 DOVER CENTER RD
1.4 CITY-ST-ZIP NORTH OLMSTED, OH 44070

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME BIXLER, J. MICHAEL
2.3 STREET ADDRESS 4859 DOVER CENTER RD.
2.4 CITY-ST-ZIP NORTH OLMSTED, OH 44070

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME BROWN TIMOTHY F.
3.3 STREET ADDRESS 3810 RIDGEWOOD ROAD
3.4 CITY-ST-ZIP AKRON, OH 44321

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

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 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:

J. Michael Bixler - J. MICHAEL BIXLER

1/1/97

(216) 734-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0478899

CR2E034 (9/96)