

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90050 022 ***150.00

DOCUMENT # F95000002496

1. Corporation Name

OHIO ARISE INCORPORATED

Principal Place of Business

6480 ROCKSIDE WOODS BLVD., S.
CLEVELAND OH 44131

Mailing Address

6480 ROCKSIDE WOODS BLVD., S.
CLEVELAND OH 44131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1995

4. FEI Number

34-1756475

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME LIBBY, DOUGLAS
STREET ADDRESS 111 JOHN ST.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME NEHLS, WILLIAM
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD., S.
CITY-ST-ZIP CLEVELAND OH

TITLE ☐ DELETE
NAME RAMONAS, WILLIAM
STREET ADDRESS ONE-EXECUTIVE DR. 99 Wood Avenue South
CITY-ST-ZIP FORT LEE NJ Iselin, NJ 08830

TITLE ☐ DELETE
NAME COCHRAN, THOMAS W
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD., S. 631 N. MAIN ST.
CITY-ST-ZIP CLEVELAND OH 44131 Kilmarnock, VA 22089

TITLE ☐ DELETE
NAME BARNHOUSE, DORIS
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD., S.
CITY-ST-ZIP CLEVELAND OH 44131

TITLE ☐ DELETE
NAME DIMAURO, G.
STREET ADDRESS ONE-EXECUTIVE DR. 99 Wood Avenue South
CITY-ST-ZIP FORT LEE NJ 07024 Iselin, NJ 08830

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE: Doris Barnhouse SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99

Date

Daytime Phone #

CR2E034 (11/98)