FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002536 (9)**

1. Corporation Name

DF&R OPERATING COMPANY, INC.

Principal Place of Business	Mailing Address
4770 DUKE DRIVE. SUITE 190 MASON OH 45040	4770 DUKE DRIVE. SUITE 190 MASON OH 45040

3. Date Incorporated or Qualified: **05/24/1995**

3a. Date of Last Report:

4. FEI Number: **APPLIED FOR** 75-259-465 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 607.1505, 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: Marc Redus Secr. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, DAVID P		1.2 NAME	
STREET ADDRESS	2350 AIRPORT FREEWAY, SUITE 505		1.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76022		1.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, DAVID P		2.2 NAME	
STREET ADDRESS	2350 AIRPORT FREEWAY, SUITE 505		2.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76022		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REDUS, MARC D		3.2 NAME	
STREET ADDRESS	2350 AIRPORT FREEWAY, SUITE 505		3.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76022		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, WILLIAM V		4.2 NAME	
STREET ADDRESS	2350 AIRPORT FREEWAY, SUITE 505		4.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76022		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 in an attachment with an address.

SIGNATURE: Marc Redus Marc Redus 1-26-96 (817) 571-6682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #