

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90646 004 ***150.00

14002247



01072004 No Chg-P CR2E034 (10/03)

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4. FEI Number
75-2592398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, CHARLES
STREET ADDRESS	2501 CEDAR SPRINGS
CITY - ST - ZIP	DALLAS, TX 75201
TITLE	CCEO
NAME	ORMOND, PAUL A
STREET ADDRESS	333 N. SUMMIT ST
CITY - ST - ZIP	TOLEDO, OH 43604
TITLE	VGM
NAME	EDWARDS, NANCY A
STREET ADDRESS	333 N. SUMMIT ST.
CITY - ST - ZIP	TOLEDO, OH 43604
TITLE	ST
NAME	GEHRICH, DAVID L
STREET ADDRESS	333 N SUMMIT STREET
CITY - ST - ZIP	TOLEDO, OH 43699
TITLE	ASAT
NAME	GEHRICH, DAVID L
STREET ADDRESS	333 N. SUMMIT ST.
CITY - ST - ZIP	TOLEDO, OH 43604
TITLE	VDHR
NAME	O'BRIAN, WADE B
STREET ADDRESS	333 N. SUMMIT ST.
CITY - ST - ZIP	TOLEDO, OH 43604

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IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X. P. Schuch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04 (419) 252-5764

Date

Daytime Phone #