

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F95000002873 (6)**  
 1. Corporation Name

**SCRS & COMMUNICOLOGY, INC., OF OHIO**



Principal Place of Business: **95 ARGONAUT, STE 100 LAGUNA HILLS CA 92656**  
 Mailing Address: **95 ARGONAUT, STE 100 LAGUNA HILLS CA 92656**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/14/1995</b>		3a. Date of Last Report	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number <b>33-0486774</b>		Applied For Not Applicable	
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. * 25. Country				30. Country			

9. Name and Address of Current Registered Agent <b>GRIFFIN, J R 215 S. MONROE STREET, STE 600 TALLAHASSEE FL 32316-2174</b>				10. Name and Address of New Registered Agent			
81. Name <b>C T CORPORATION SYSTEM</b>				82. Street Address (Post Office Box) <b>1200 S. Pine Island Road</b>			
83. City				84. City <b>Plantation</b>			
85. Zip Code <b>33324</b>				85. Zip Code <b>FL 33324</b>			

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: *Thomas B. Connolly* **Thomas B. Connolly, Assistant Secretary**  
 DATE: **08-05-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MEDINA, SHERRI L		1.2 NAME	RICHARD K. MATRICKS			
STREET ADDRESS	95 ARGONAUT, STE 100		1.3 STREET ADDRESS	2742 DOW AVE			
CITY-ST-ZIP	LAGUNA HILLS CA		1.4 CITY-ST-ZIP	TUSTIN CA 92680			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ASHBY, JAMISON J		2.2 NAME	BRUCE PROUHAARD			
STREET ADDRESS	95 ARGONAUT, STE 100		2.3 STREET ADDRESS	2742 TOLL AVE			
CITY-ST-ZIP	LAGUNA HILLS CA		2.4 CITY-ST-ZIP	TUSTIN CA 92680			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LARSON, DANIEL S		3.2 NAME	DAVID A. GRANT			
STREET ADDRESS	95 ARGONAUT, STE 100		3.3 STREET ADDRESS	2742 TOLL AVE			
CITY-ST-ZIP	LAGUNA HILLS CA		3.4 CITY-ST-ZIP	TUSTIN CA 92680			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THIRY, KENT		4.2 NAME	SHERRI L. MEDINA			
STREET ADDRESS	400 PRIMROSE #200		4.3 STREET ADDRESS	95 ARGONAUT, STE 100			
CITY-ST-ZIP	BURLINGAME CA		4.4 CITY-ST-ZIP	LAGUNA HILLS, CA 92656			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZUMWALT, LEANNE		5.2 NAME	Jamison J. Ashby			
STREET ADDRESS	2 MAREBLU		5.3 STREET ADDRESS	95 Argonaut Ste. 100			
CITY-ST-ZIP	LAGUNA HILLS CA		5.4 CITY-ST-ZIP	LAGUNA HILLS, CA. 92656			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARRY, DAVID		6.2 NAME	500001917635			
STREET ADDRESS	2 MAREBLU		6.3 STREET ADDRESS	-08/09/96--01027--031			
CITY-ST-ZIP	LAGUNA HILLS CA		6.4 CITY-ST-ZIP	***225.00			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Jamison J. Ashby*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jamison J. Ashby, Vice President**  
 DATE: **7/1/96**

CR2E034 (3/96)