


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90016 001 \*\*\*150.00

0525197

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006318**

1. Corporation Name  
**THE W. W. WILLIAMS COMPANY OF OHIO, INC.**

Principal Place of Business <b>835 W GOODALE BLVD COLUMBUS OH 43212</b>	Mailing Address <b>835 W GOODALE BLVD COLUMBUS OH 43212</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1995</b>	
21		26		4. FEI Number <b>31-4343230</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85	Zip Code

**FL**

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	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, DAVID F</b>	1.2 NAME	
STREET ADDRESS	<b>835 W GOODALE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIAM S</b>	2.2 NAME	
STREET ADDRESS	<b>835 W GOODALE BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, JEAN A</b>	3.2 NAME	
STREET ADDRESS	<b>835 W GOODALE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABLES, THOMAS A</b>	4.2 NAME	
STREET ADDRESS	<b>835 W GOODALE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVENS, JOHN F</b>	5.2 NAME	
STREET ADDRESS	<b>835 W GOODALE BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWEN, A. GRANT</b>	6.2 NAME	
STREET ADDRESS	<b>835 W GOODALE BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43212</b>	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 address, with all other like empowered.

SIGNATURE:

*Janet D. Gibson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 1/6/98 614-228-5000  
Date Daytime Phone #

CR2E034 (1/98)

F95006006318

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

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The W. W. Williams Company of Ohio, Inc.

(12) Officers and Directors

The following persons are neither additions nor changes; th  
as officers and directors but were not shown on the 1998 application.

D/P

Robert G. Peyton  
835 West Goodale Blvd.  
Columbus, Ohio 43212

S/D

Stephen E. Auch  
835 West Goodale Blvd.  
Columbus, Ohio 43212

D

Patricia W. French  
835 West Goodale Blvd.  
Columbus, Ohio 43212

D

W. Peter Williams  
835 West Goodale Blvd.  
Columbus, Ohio 43212

S

Janet D. Gibson  
835 West Goodale Blvd.  
Columbus, Ohio 43212