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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001687 (0)

1. Corporation Name

AUTOMATED REVENUE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

809 PHILLIPS AVE
TOLEDO OH 43612-1336

809 PHILLIPS AVE
TOLEDO OH 43612-1336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 100 N. Byrne Rd.

26 100 N. Byrne Rd.

4. FEI Number

34-1808306

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

City & State

City & State

23 Toledo OH

28 Toledo OH

Zip

Country

Zip

Country

24 43612-

25 Lucas

29 0997

30 Lucas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

1.1 TITLE ☒ Change ☐ Addition

NAME
P
MCINTYRE, MICHAEL S
STREET ADDRESS
909 PHILLIPS AVE
CITY-ST-ZIP
TOLEDO OH 43612-1336

12 NAME
Michael McIntyre
13 STREET ADDRESS
100 N. Byrne Rd.
14 CITY-ST-ZIP
Toledo, OH, 43612-0997

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
V
MCINTYRE, TERENCE J
STREET ADDRESS
909 PHILLIPS AVE
CITY-ST-ZIP
TOLEDO OH 43612-1336

2.2 NAME
Terrence McIntyre
2.3 STREET ADDRESS
100 N. Byrne Rd.
2.4 CITY-ST-ZIP
Toledo, OH 43612-0997

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
ST
MCINTYRE, PATRICK J
STREET ADDRESS
909 PHILLIPS AVE
CITY-ST-ZIP
TOLEDO OH 43612-1336

3.2 NAME
Secretary/Treas
Patrick McIntyre
3.3 STREET ADDRESS
100 N. Byrne Rd.
3.4 CITY-ST-ZIP
Toledo, OH 43612-0997

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 my address.

SIGNATURE:

03/30/98 (419)476-1934

CR2E034 (10/97)