

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003867 (6)**

1. Corporation Name

BENEFIT SERVICES, INC. OF OHIO

Principal Place of Business

**3636 COPLEY ROAD
PO BOX 4138
COPLEY, SUMMIT COUNTY OH 44321**

Mailing Address

**3636 COPLEY ROAD
PO BOX 4138
COPLEY, SUMMIT COUNTY OH 44321-0138**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/30/1996

3a. Date of Last Report

4. FEI Number

34-1785445

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

9. Name and Address of Current Registered Agent

**FRAZIER, ROBERT C SR
2950 NORTH BEACH ROAD, UNIT A334
ENGLEWOOD FL 34223**

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 607.1508, 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 of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCFO** ☐ DELETE

NAME **FRAZIER, ROBERT C SR**
STREET ADDRESS **2950 NORTH BEACH ROAD UNIT A334**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **P** ☐ DELETE

NAME **FRAZIER, CONSTANCE M PD**
STREET ADDRESS **3288 EDINGTON ROAD**
CITY-ST-ZIP **FAIRLAWN OH 34223**

TITLE **DEV** ☐ DELETE

NAME **NEWBAUER, JEROME**
STREET ADDRESS **1479 KARL DRIVE**
CITY-ST-ZIP **AKRON OH 44321**

TITLE **S** ☐ DELETE

NAME **FRAZIER, KATHLEEN M**
STREET ADDRESS **4432 RIDGEWOOD ROAD**
CITY-ST-ZIP **AKRON OH 44321**

TITLE **DV** ☒ DELETE

NAME **SPALTEN, JOHN**
STREET ADDRESS **2074 BEECHTREE DRIVE**
CITY-ST-ZIP **UNIONTOWN OH 44685**

TITLE **VCDV** ☐ DELETE

NAME **FRAZIER, ROBERT C JR**
STREET ADDRESS **W 145-N 10184 RAIN TREE DRIVE**
CITY-ST-ZIP **GERMANTOWN WI 53022**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

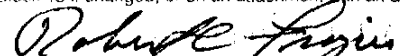
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 an address.

SIGNATURE:



ROBERT C. FRAZIER

4/19/97

(330) 666-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0470102

CR2E034 (9/96)