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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F96000005659 (5)**

1. Corporation Name
DIVERSIFIED CAPITAL MARKETS, INC.
Name Change: The Hamilton-Shea Group, Inc.

Principal Place of Business	Mailing Address
1200 OLD HENDERSON ROAD COLUMBUS OH 43220-3606	1200 OLD HENDERSON ROAD COLUMBUS OH 43220-3640

3. Date Incorporated or Qualified: 10/31/1996
3a. Date of Last Report: 10/31/1996

2. Principal Place of Business
21 5020 S.W. 28th St.
Suite, Apt. #, etc.
22 4
City & State
23 Topeka KS
Zip 24 66614 Country 25 USA

2a. Mailing Address
26 5020 S.W. 28th St.
Suite, Apt. #, etc.
27 14
City & State
28 Topeka,
Zip 29 66614 Country 30 USA

4. FEI Number: 31-1421527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X ☒ **$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

SALERNO, JOE
3111 UNIVERSITY DR., SUITE 725
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Salerno, Joe
82 Street Address (P.O. Box Number is Not Acceptable): 3345 Pinelas Drive Suite 104
83
84 City: Margate, FL 85 Zip Code: 3306

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 _____ DATE
Signature, type/print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS ☒ DELETE	1.1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	DOOLEY, THOMAS L	1.2 NAME	O'Hara, Michael T.
STREET ADDRESS	811 WACKEMAN COURT	1.3 STREET ADDRESS	5020 S.W. 28th St. Suite 14
CITY-ST-ZIP	WESTERVILLE OH 43081	1.4 CITY-ST-ZIP	Topeka, KS 66614
TITLE	PD ☒ DELETE	2.1 TITLE	V/S/D ☒ Change ☐ Addition
NAME	VARGO, NANCY A	2.2 NAME	Taylor, Michele M.
STREET ADDRESS	721 HIGHLAND DRIVE	2.3 STREET ADDRESS	5020 S.W. 28th St. Suite 14
CITY-ST-ZIP	COLUMBUS OH 43214	2.4 CITY-ST-ZIP	Topeka, KS. 66614
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

954 942-7900

SIGNATURE: Michele M. Taylor/Director 04/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #