

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 29 1998 8:00am  
Secretary of State

DOCUMENT # F97000001124 (3)

1. Corporation Name

AMERICAN RISK SERVICES CORPORATION OF OHIO

Principal Place of Business

6480 ROCKSIDE WOODS BLVD S #110  
CLEVELAND OH 44131

Mailing Address

6480 ROCKSIDE WOODS BLVD S #110  
CLEVELAND OH 44131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

34-1581634

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE DC ☐ DELETE

NAME HUTCHIN, J W  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE DP ☒ DELETE

NAME SHAWVER, E M  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE DT ☐ DELETE

NAME DIMAURO, G  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE V ☐ DELETE

NAME LUSK, M  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE S ☐ DELETE

NAME BARNHOUSE, D E  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P - President ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Jadelis, T.  
One Executive Dr.  
Ft. Lee, NJ 07024

Barnhouse, D.  
6480 Rockside Woods Blvd S #110  
Cleveland, OH 44131

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 an address.

SIGNATURE:

*D E Barnhouse* REQUIRED

CR2E034 (10/97)