


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90246 006 ***150.00

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| DOCUMENT # F98000002035 | |  |
| 1. Entity Name IMI OF MIAMI, INC. | | |

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|---|---|
| Principal Place of Business 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 | Mailing Address 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 |
|---|---|

34061845

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|---|----------------|---|----------------|
| 2. Principal Place of Business 7000 Cardinal Place | | 3. Mailing Address 7000 Cardinal Place | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Dublin, OH | | City & State Dublin, OH | |
| Zip 43017 | Country USA | Zip 43017 | Country USA |



04122004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 77-0477251 NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FUNARI, ROBERT G 6464 CANOGA AVE. WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Richard J. Miller 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS DELEVIE, MARK N 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President-Tax Michael R. Nelson 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARD, DAVID L 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Gordon A. Troup 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FORSTER, WILLIAM 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Donna Brandin 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BURGOS, ED 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Paul S. Williams 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|-------------|-----------------|
| SIGNATURE: <u>Michael R. Nelson</u> | APR 20 2004 | 604-757-5000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |