PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800005270

ORION CONSULTING, INC.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90033 019 ***150.00



Principal Place of Business		Mailing Address							
1301 E. NINTH	ST. SUITE 3000	1301 E. NINTH ST. SUITE 3000 CLEVELAND OH 44114-1800							
CLEVELAND OH	i 44114-1800					DO NOT WRITE IN THIS SPACE			
	•				⊢	Date Incorporated or Qualifed	ITE IN ITHIS	SPACE	
					3.	09/21/1998			
51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(8)	a Mailier Addross				FEI Number			plied For
-	ace of Business	2a. Mailing Address	7			34-1661550			t Applicable
21		Suite, Apt. #, etc.				34-1001330		\$8.75	
Suite, Apt. #, etc.					5.	Certifcate of Status Desired		Fee Re	
City & State		City & State				Election Campaign Financing		\$5.00	Nav. Da
		28			6.	Trust Fund Contribution		Added t	
23 Zip	Country	Zip Country				This corporation owes the cur	rent vear Int		
一	25	├ ─ `	0	,	8.	Personal Property Tax.	rent your mit	Yes	□No
24	9. Name and Address of Current	the state of the s	וטיי		10	Name and Address of New	Registered	Agent	
	9. Name and Address of Current	Registered Agent	8	1 Nam					
FLETCHER, CHARLES J 600 W. HILLSBORO BLVD, SUITE 300 DEERFIELD BEACH FL 33441									
			8	2 Stree	treet Address (P.O. Box Number is Not Acceptable)				
			8	3					
J.C.			*	~					
			8	4 City			FL	85 Zip (Code
44 Pursuanti	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the abo	_i ve-name	d corporatio	on submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	nonzea b	y tne co	rporation's b	oard of directors. I hereby acce	pt the appoi	ntment as re	gistered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent signatu	e required when		DATE	ID DIRECTO	DE IN 12
12.		DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS A	Change	Addition
TITLE	C CAMPANELLA MINOENEC	C. DELL'E	1.1 IIILE						
NAME	CAMPANELLA, VINCENT C	1		_					
STREET ADDRESS	1301 E. NINTH ST, SUITE 3000			ET ADDRES	·S				
CITY-ST-ZIP	CEO DELETE		1.4 CITY-ST-ZIP					Change	Addition
TITLE	_		2.1 TITLE		ĺ			onange	
NAME	ARSENAULT, GEORGE M		2.2 NAM						
STREET ADDRESS	1301 E. NINTH ST, SUITE 3000			ET ADDRE	SS				,
CITY-ST-ZIP	CLEVELAND OH 44114-1800			2.4 CITY-ST-ZIP				☐ Change	Addition
TITLE	D DELETE			3.1 TITLE				□ Change	
NAME	KNELL, EDWARD D JR			3.2 NAME					
STREET ADDRESS	211 N. BROADWAY, SUITE 291	0		ET ADORES	SS				}
CITY-ST-ZIP	ST LOUIS MO 63101		3.4. CITY					Chana-	
TITLE	VCFO DELETE		4,1 TITLE					☐ Change	Addition
NAME	BREUNIG, ROLAND E		4. 2 NAM						
STREET ADDRESS	1301 E. NINTH ST, SUITE 3000	1	4.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME.	PLATO, WILLIAM R		5.2 NAM						
STREET ADDRESS	1301 E. NINTH ST, SUITE 3000	1		ET ADDRE	SS				
CITY-ST-ZIP	CLEVELAND OH 44114-1800		5.4 CITY			<u></u>			_ <u></u>
TITLE	СМО	☐ DELETE	6.1 TTTLE					Change	☐ Addition }
NAME	CREGO, EDWIN T JR		6.2 NAM	Ē	ļ				
STREET ADORESS	180 N LASALLE SUITE 2626		6.3 STRE	ET ADDRES	ss (ì

6.4 CITY-ST-ZIP CHICAGO IL 60601 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 of 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 or an attachment with address, with all other like empowered.

SIGNATURE: