**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H24966** **(4)**

1. Corporation Name
**ADVANCED DISTRIBUTION SYSTEM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 188<br>P.O. BOX 188<br>DUBLIN OH 43017 | P.O. BOX 188<br>P.O. BOX 188<br>DUBLIN OH 43017 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 4181 ARLINGATE PLAZA
22 Suite, Apt. #, etc.
23 City & State: COLUMBUS, OHIO
24 Zip: 43228 25 Country: U.S.A.

2a. Mailing Address
26 P.O. BOX 28228
27 Suite, Apt. #, etc.
28 City & State: COLUMBUS, OHIO
29 Zip: 43228 30 Country: U.S.A.

4. FEI Number: 31-1116906 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed 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 | P | 1.1 TITLE | P/D | ☑ Change ☐ Addition |
| NAME | REED, JAMES | 1.2 NAME | | |
| STREET ADDRESS | 4181 ARLINGATE PLAZA | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COLUMBUS OH | 1.4 CITY-ST-ZIP | | |
| TITLE | AS | 2.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | USHER, JONATHON G. | 2.2 NAME | | |
| STREET ADDRESS | 400 TECHNECENTER DRIVE / STE - 200 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MILLFORD OH | 2.4 CITY-ST-ZIP | | |
| TITLE | V | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, CRAIG | 3.2 NAME | | |
| STREET ADDRESS | 4181 ARLINGATE PLAZA | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COLUMBUS OH | 3.4 CITY-ST-ZIP | | |
| TITLE | ST | 4.1 TITLE | | ☑ Change ☐ Addition |
| NAME | FRAZIER, WADE | 4.2 NAME | | |
| STREET ADDRESS | 4181 AR;OMGATE PLAZA | 4.3 STREET ADDRESS | 4181 ARLINGATE PLAZA | |
| CITY-ST-ZIP | COLUMBUS OH | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | | 5.2 NAME | JACKSON A. BAKER | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 400 TECHNECENTER DRIVE/STE-200 | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | MILFORD, OHIO 45150 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

**SIGNATURE:** _____ WADE FRAZIER 4-21-95 (614) 275-6900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0476177 FP