

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H24966 (4)

1. Corporation Name
ADVANCED DISTRIBUTION SYSTEM, INC.



Principal Place of Business 4181 ARLINGATE PLAZA COLUMBUS OH 43228 US	Mailing Address PO BOX 28228 COLUMBUS OH 43228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/11/1984	4. FEI Number 31-1116906	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	4181 ARLINGATE PLAZA	1.2 NAME	
CITY-ST-ZIP	COLUMBUS OH	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS	4181 ARLINGATE PLAZA	2.1 TITLE	
CITY-ST-ZIP	COLUMBUS OH	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS	4181 ARLINGATE PLAZA	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	COLUMBUS OH	3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	4181 ARLINGATE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	400 TECHNECENTER DRIVE, SUITE 200	4.2 NAME	Change Addition
CITY-ST-ZIP	MILFORD OH	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	Change Addition
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		6.1 TITLE	
TITLE	NAME	6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

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: *C. Gregory Wittenbrink* 6142756002

CR2E034 (10/97)