

FILED  
May 15 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<b>May 15 1998 8:00</b> <b>Secretary of State</b>	
<b>DOCUMENT # P00581</b> 1. Corporation Name <b>Shannon Properties, Inc.</b>					
Principal Place of Business <b>660 Beaver Creek Circle</b>		Mailing Address <b>P.O. Box 931</b>			
<b>Maumee, OH 43537</b>		<b>Toledo, OH 43697</b>			
				<b>DO NOT WRITE IN THIS SPACE</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>28</b>		3. Date Incorporated or Qualified <b>01/13/1984</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>34-1402624</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For <b>Not Applicable</b>	
Zip <b>24</b>		Country <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT Corporation</b> <b>1200 S. Pine Island Road</b> <b>Plantation, FL 33324</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> DELETE Shultz, Edward J. 1801 Richards Road Toledo, OH 43607	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> DELETE Golden, Gary 4500 Dorr Street Toledo, OH 43615	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input type="checkbox"/> DELETE Timmerman, Allan 1801 Richards Road Toledo, OH 43607	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input type="checkbox"/> DELETE Ahlberg, Jon P. 1801 Richards Road Toledo, OH 43607	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE Shultz, Edward J. 1801 Richards Road Toledo, OH 43607	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Treasurer <input type="checkbox"/> DELETE Czarka, Christopher J. 4500 Dorr Street Toledo, OH 43615	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		Christopher J. Czarka		4/22/98 419 535-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	