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 18 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01263 (3)

1. Corporation Name
LISN, INC.

Principal Place of Business	Mailing Address
1240 PARK AVENUE P O BOX 440 AMHERST OH 44001-7440	1240 PARK AVENUE P O BOX 440 AMHERST OH 44001-7440

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 34-1009157 ☐ 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 CORP SYSTEM
1200 S PINE ISLAND RD
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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	SANNEMAN, DONALD L.	12 NAME	
STREET ADDRESS	1240 PARK AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HIVNOR, JAMES S.	22 NAME	
STREET ADDRESS	1240 PARK AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	VANKE, DONALD J.	32 NAME	
STREET ADDRESS	1240 PARK AVE	33 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HERZER, DAVID L.	42 NAME	
STREET ADDRESS	1144 W. ERIE AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	THORBORG, WILLIAM R	52 NAME	
STREET ADDRESS	1240 PARK AVE	53 STREET ADDRESS	
CITY-ST-ZIP	AMHERST OH	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: _____ Donald J. Vanke Vice President (216) 984-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

April 13, 1995

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