


FILED

Apr 21 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02754 (0) 1. Corporation Name THE GALBREATH COMPANY			
Principal Place of Business 180 EAST BROAD ST. COLUMBUS OH 43215-3794 US		Mailing Address 180 EAST BROAD ST. COLUMBUS OH 43215-3707 US	
2. Principal Place of Business 21 State, 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 07/19/1984		3a. Date of Last Report 04/16/1996	
4. FEI Number 31-1103714		Applied For <input type="checkbox"/> 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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	
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 re-stating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	GALBREATH-MERGUE, LIZANNE		
STREET ADDRESS	180 EAST BROAD STREET SUITE 900		
CITY- ST- ZIP	COLUMBUS OH		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	RAMSAY, DAVID E.		
STREET ADDRESS	180 EAST BROAD STREET SUITE 900		
CITY- ST- ZIP	COLUMBUS OH		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	
NAME	MCCORMICK, DOUGLAS		
STREET ADDRESS	2411 SOVRON COURT		
CITY- ST- ZIP	DUBLIN OH		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	
NAME	OPPENHEIMER, HARRY		
STREET ADDRESS	5518 OAKDALE COURT		
CITY- ST- ZIP	GALENA OH		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	John Peterson		
1.3 STREET ADDRESS	180 East Broad Street, Suite 900		
1.4 CITY- ST- ZIP	Columbus, Ohio 43215		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Nicole Norman		
2.3 STREET ADDRESS	180 East Broad Street, Suite 900		
2.4 CITY- ST- ZIP	Columbus, Ohio 43215		
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Dan Broos		
3.3 STREET ADDRESS	180 East Broad Street, Suite 900		
3.4 CITY- ST- ZIP	Columbus, Ohio 43215		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			
14. I do 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: <u>John Peterson, Vice President and Treasurer</u> 4-4-97 (614) 460-4444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)