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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:08

DOCUMENT # P03299 (5)

1. Corporation Name
ROBERDS, INC.

Principal Place of Business	Mailing Address
1100 E. CENTRAL AVENUE WEST CARROLLTON OH 45449-1888 US	1100 E. CENTRAL AVENUE WEST CARROLLTON OH 45449-1888 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1984
3a. Date of Last Report: 02/01/1994
4. FEI Number: 31-0801335 — Applied For / Not Applicable

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

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

FLETCHER, KENNETH W.
4302 GANDY BLVD
TAMPA FL 33611

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 ______________________
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, KENNETH W	1.2 NAME	
STREET ADDRESS	1100 EAST CENTRAL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	1.4 CITY-ST-ZIP	
TITLE	~~SD~~	2.1 TITLE	D ☐ Change ☐ Addition
NAME	WRIGHT, DONALD C	2.2 NAME	
STREET ADDRESS	1100 EAST CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	2.4 CITY-ST-ZIP	
TITLE	~~VTD~~	3.1 TITLE	VTSD ☐ Change ☐ Addition
NAME	WILSON, ROBERT M	3.2 NAME	
STREET ADDRESS	1100 EAST CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	~~FLEISHER, RONALD~~	4.2 NAME	delete
STREET ADDRESS	~~1100 EAST CENTRAL AVENUE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~DAYTON OH~~	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	BERNUCCA, LOUIS F	5.2 NAME	
STREET ADDRESS	1100 EAST CENTRAL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN AUTREVE, MICHAEL	6.2 NAME	
STREET ADDRESS	1100 EAST CENTRAL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	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(1)(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: Robert M Wilson EVP 2/18/95 513 859-3727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0466891 FP