FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4641-C

APPROVED AND FILED

95 APR 27 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06544 (1)

1. Corporation Name

'TOTES' INCORPORATED

Principal Place of Business	Mailing Address
10078 EAST KEMPER ROAD LOVELAND OH 45140	10078 EAST KEMPER ROAD LOVELAND OH 45140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1985

3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 31-0405270 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WESTMAN, CARL
%FROST & JACOBS
1300 THIRD STREET SOUTH
NAPLES FL 33940

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	C/CEO	☑ Change ☐ Addition
NAME	PHILLIPS, BRADFORD E.	12 NAME		
STREET ADDRESS	#6 BEECHREST LANE	13 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	14 CITY-ST-ZIP		
TITLE	PCOD	21 TITLE	P/D	☑ Change ☐ Addition
NAME	KOPIN, SHELDON A	22 NAME		
STREET ADDRESS	7650 ELBROOK	23 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	WARD, SANDRA E	32 NAME		
STREET ADDRESS	11951 PAUL MEADOWS DR	33 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☑ Change ☐ Addition
NAME	SCHMIOT, LINDA	42 NAME	SCHMIDT, LINDA	
STREET ADDRESS	3779 VINEYARD WOODS	43 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☑ Change ☐ Addition
NAME	DEYE, DONNA H	52 NAME		
STREET ADDRESS	10626 THISTLEWOOD	53 STREET ADDRESS	4341 GREEN ARBORS LANE	
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP		
TITLE		61 TITLE	EVP/D	☐ Change ☑ Addition
NAME		62 NAME	GERNERT, DOUGLAS	
STREET ADDRESS		63 STREET ADDRESS	3040 WAVERLY DRIVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	CHARLOTTSVILLE, VA 22901	

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: Donna H Deye 4-18-95 (513) 583-2300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — VP/CONTROLLER — Date — Daytime Phone #

0484401 FN