FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 45140-8944

3. Date Incorporated or Qualified: 06/25/1985
3a. Date of Last Report: 04/11/1996

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: 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

8. 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	C	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, BRADFORD E.		1.2 NAME		
STREET ADDRESS	#6 BEECH CREST LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOPIN, SHELDON A		2.2 NAME		
STREET ADDRESS	7650 ELBROOK		2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARD, SANDRA E		3.2 NAME		
STREET ADDRESS	11951 PAUL MEADOWS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, LINDA		4.2 NAME		
STREET ADDRESS	3779 VINEYARD WOODS		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	5.1 TITLE	VP/CFO	☒ Change ☐ Addition
NAME	DEYE, DONNA H		5.2 NAME	Deye, Donna H.	
STREET ADDRESS	118 CHURCHILL COURT		5.3 STREET ADDRESS	10078 E. KEMPER RD.	
CITY-ST-ZIP	LOVELAND OH		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	PRESIDENT, CEO, DIR	☒ Change ☐ Addition
NAME	GERNERT, DOUGLAS		6.2 NAME	Gernert, Douglas	
STREET ADDRESS	3040 WAVERLY DRIVE		6.3 STREET ADDRESS	10078 E. KEMPER RD.	
CITY-ST-ZIP	CHARLOTTESVILLE VA		6.4 CITY-ST-ZIP	LOVELAND, OH 45140	

CR2E034 (9/96)

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: [signature] REQUIRED VP/CFO 2-11-97 5195892463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #