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 25 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06860** **(1)**

1. Corporation Name
FORMU-3 INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4700 DOUGLAS CIRCLE NW CANTON OH 44718	4700 DOUGLAS CIRCLE NW CANTON OH 44718

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/25/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: **34-1384650** ☐ 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 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 **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	PD	11 TITLE	☒ Change	☐ Addition
NAME	STONE, JEFFREY C.	12 NAME		
STREET ADDRESS	1606 HUNTINGTON PL	13 STREET ADDRESS	1212 CANAL BLVD. NW	
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	CANTON, OH 44720	
TITLE	EVD	21 TITLE	☐ Change	☐ Addition
NAME	TERSIGNI, GARY L	22 NAME		
STREET ADDRESS	3464 WATERFORD AVE NW	23 STREET ADDRESS		
CITY-ST-ZIP	CANTON OH	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	☒ Change	☐ Addition
NAME	TERSIGNI, CHRISTA	32 NAME		
STREET ADDRESS	3464 WATERFORD AVE NW	33 STREET ADDRESS		
CITY-ST-ZIP	CANTON OH	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	☒ Change	☐ Addition
NAME	CIOFANI, PETER A	42 NAME		
STREET ADDRESS	34512 SUMMERSET DR	43 STREET ADDRESS		
CITY-ST-ZIP	SOLON OH	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	☒ Change	☐ Addition
NAME	NEWOLD, ROBERT J	52 NAME		
STREET ADDRESS	922 LINDYLANE SW	53 STREET ADDRESS		
CITY-ST-ZIP	N CANTON 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/12/95 (216) 499-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486594 FN