SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10265** (7)

1. Corporation Name
SETTERLIN CONSTRUCTION COMPANY ✓

Principal Place of Business
P. O. BOX 21269
2000 KENNY ROAD ✓
COLUMBUS OH 43221

Mailing Address
P. O. BOX 21269
2000 KENNY ROAD ✓
COLUMBUS OH 43221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1986
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 31-1006457 — 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 (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/C	☒ Change ☐ Addition
NAME	SETTERLIN, RALPH R JR.	1.2 NAME		
STREET ADDRESS	2650 MCCOY ROAD	1.3 STREET ADDRESS		
CITY ST ZIP	COLUMBUS OH	1.4 CITY ST ZIP	COLUMBUS, OHIO 43220	
TITLE	ST	2.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	SETTERLIN, RALPH F III	2.2 NAME		
STREET ADDRESS	3560 SCHIRTZINGER ROA	2.3 STREET ADDRESS		
CITY ST ZIP	COLUMBUS OH	2.4 CITY ST ZIP	HILLIARD, OH 43026	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	SETTERLIN, DAVID A,	
STREET ADDRESS		3.3 STREET ADDRESS	2043 BEDFORD ROAD	
CITY ST ZIP		3.4 CITY ST ZIP	COLUMBUS, OH 43221	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	MORGAN, DAVID L	
STREET ADDRESS		4.3 STREET ADDRESS	925 MBEKLYNN DRIVE	
CITY ST ZIP		4.4 CITY ST ZIP	WORTHINGTON, OH 43085	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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(3)(k), 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 of this form or on an attachment with an address.

SIGNATURE: Ralph F Setterlin III SEC/TREAS 7/28/95 614-486-7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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