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 21 AM 9:16

DOCUMENT # P10499 (2)

1. Corporation Name
WICKENS, HERZER & PANZA CO., L.P.A.

Principal Place of Business	Mailing Address
1144 WEST ERIE AVENUE P.O. BOX 840 LORAIN OH 44052-0840 US	1144 WEST ERIE AVENUE P.O. BOX 840 LORAIN OH 44052-0840 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 02/10/1994

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

4. FEI Number: 34-1114787 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	D/P	☐ Change ☒ Addition
NAME	CORSARO, JOSEPH G.	12 NAME	HERZER, DAVID L.	
STREET ADDRESS	316 TANGLEWOOD LANE	13 STREET ADDRESS	5384 PORTAGE DRIVE	
CITY-ST-ZIP	BAY VILLAGE OH	14 CITY-ST-ZIP	VERMILION OH	
TITLE	DVP	21 TITLE	D/VP/T	☐ Change ☒ Addition
NAME	KOLIS, WILLIAM	22 NAME	PANZA, RICHARD D.	
STREET ADDRESS	12900 LAKE AVE., SUITE 510	23 STREET ADDRESS	32353 BRANDON PLACE	
CITY-ST-ZIP	LAKEWOOD OH	24 CITY-ST-ZIP	AVON LAKE OH	
TITLE	DVP	31 TITLE	D/VP	☐ Change ☒ Addition
NAME	PAWLUKIEWICZ, CHUCK	32 NAME	ELLIS, ROBERT P.	
STREET ADDRESS	31207 MANCHESTER LANE	33 STREET ADDRESS	3728 AMHERST AVENUE	
CITY-ST-ZIP	BAY VILLAGE OH	34 CITY-ST-ZIP	LORAIN OH	
TITLE	DVP	41 TITLE	D/VP	☐ Change ☒ Addition
NAME	JACOBSON, PATRICIA	42 NAME	PILLARI, THOMAS	
STREET ADDRESS	336 REAMER PLACE	43 STREET ADDRESS	30028 APPLEWOOD DRIVE	
CITY-ST-ZIP	OBERLIN OH	44 CITY-ST-ZIP	BAY VILLAGE OH	
TITLE	DVP	51 TITLE	D/VP	☐ Change ☒ Addition
NAME	PILLARI, THOMAS	52 NAME	NAEGELE, RICHARD A.	
STREET ADDRESS	30028 APPLEWOOD DR.	53 STREET ADDRESS	5609 ROSECLIFF DRIVE	
CITY-ST-ZIP	BAY VILLAGE OH	54 CITY-ST-ZIP	LORAIN OH	
TITLE	DVP	61 TITLE	D/VP	☐ Change ☒ Addition
NAME	NICOLOFF, MARSHA L.	62 NAME	RYBARCZYK, JOHN D.	
STREET ADDRESS	3940 VALLEYVIEW DR.	63 STREET ADDRESS	449 NANTUCKET DRIVE	
CITY-ST-ZIP	LORAIN OH	64 CITY-ST-ZIP	AVON LAKE OH	

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: David L. Herzer, Pres. 2/9/95 (216) 246-5268
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — (Daytime Phone #)

0470710 FP

ADDITIONAL RESPONSES TO BLOCK 13:

12.	OFFICERS AND DIRECTORS	13.	CHANGES TO OFFICERS AND DIRECTORS IN 12
7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	D/VP X Addition ASHAR LINDA C. 13010 WEST DARROW ROAD VERMILION OH
8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	
9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	
10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP		10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP			
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP			

February 13, 1995