

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 03 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12507 (0)**

**1. Corporation Name**  
**CTF ORLANDO CORPORATION**

**Principal Place of Business**

**29800 BAINBRIDGE ROAD**  
**SOLOH OH 44139-2297**  
**US**

**Mailing Address**

**29800 BAINBRIDGE ROAD**  
**ATTN: TAX DEPT.**  
**SOLOH OH 44139-2297**  
**US**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**11/12/1986**

**4. FEI Number**

**34-1533901**

**Applied For**

**Not Applicable**

**2. Principal Place of Business**  
**21 10400 Fernwood Rd.**

**Suite, Apt. #, etc.**

**22**  
**City & State**  
**Bethesda, MD**

**24**  
**Zip**  
**20817**

**25**  
**Country**  
**USA**

**2a. Mailing Address**  
**26 Coopers & Lybrand LLP**

**Suite, Apt. #, etc.**

**27**  
**City & State**  
**1375 E. 9th St., STE 1500**  
**Cleveland, OH**

**29**  
**Zip**  
**44114**

**30**  
**Country**  
**USA**

**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 owes or has paid the current year Intangible Personal Property Tax due June 30.** ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **DVPT** ☒ **DELETE**  
**NAME** **Olesen, Robert W**  
**STREET ADDRESS** **29800 BAINBRIDGE ROAD**  
**CITY-ST-ZIP** **SOLOH OH**

**TITLE** **DP** ☒ **DELETE**  
**NAME** **STAUFFER, THOMAS G.**  
**STREET ADDRESS** **29800 BAINBRIDGE ROAD**  
**CITY-ST-ZIP** **SOLOH OH**

**TITLE** **VPS** ☒ **DELETE**  
**NAME** **HEININGER, K DANIEL**  
**STREET ADDRESS** **29800 BAINBRIDGE ROAD**  
**CITY-ST-ZIP** **SOLOH OH**

**TITLE** **AS** ☒ **DELETE**  
**NAME** **HORNBAKER, BRADLEY D.**  
**STREET ADDRESS** **29800 BAINBRIDGE ROAD**  
**CITY-ST-ZIP** **SOLOH OH**

**TITLE** **SEE ATTACHED** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** **DPS** ☐ **Change** ☒ **Addition**  
**1.2 NAME** **Heininger, Karl Daniel**  
**1.3 STREET ADDRESS** **10400 Fernwood Rd.**  
**1.4 CITY-ST-ZIP** **Bethesda, MD 20817**

**2.1 TITLE** **DVPT** ☐ **Change** ☒ **Addition**  
**2.2 NAME** **Gaffney Patrick M.**  
**2.3 STREET ADDRESS** **10400 Fernwood Rd.**  
**2.4 CITY-ST-ZIP** **Bethesda, MD 20817**

**3.1 TITLE** **VP** ☐ **Change** ☒ **Addition**  
**3.2 NAME** **Kimball, Kevin M.**  
**3.3 STREET ADDRESS** **10400 Fernwood Rd.**  
**3.4 CITY-ST-ZIP** **Bethesda, MD 20817**

**4.1 TITLE** **VP** ☐ **Change** ☒ **Addition**  
**4.2 NAME** **Walker, Myron D.**  
**4.3 STREET ADDRESS** **10400 Fernwood Rd.**  
**4.4 CITY-ST-ZIP** **Bethesda, MD 20817**

**5.1 TITLE** **VP** ☐ **Change** ☒ **Addition**  
**5.2 NAME** **Clist, Tod**  
**5.3 STREET ADDRESS** **10400 Fernwood Rd.**  
**5.4 CITY-ST-ZIP** **Bethesda, MD 20817**

**6.1 TITLE** **AS** ☐ **Change** ☒ **Addition**  
**6.2 NAME** **Nancy L. Benz**  
**6.3 STREET ADDRESS** **10400 Fernwood Rd**  
**6.4 CITY-ST-ZIP** **Bethesda, MD 20817**

**14. I 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:** *Nancy L. Benz* **Nancy L. Benz** **3/30/98** **(301) 3801233**

CR2E034 (10/97)

<b><u>Officers</u></b>	
Position	Name
Assistant Secretary(ies):	Maritza Cordero
Assistant Secretary(ies):	Nancy L. Benz
Assistant Secretary(ies):	W. David Mann
Assistant Treasurer(s):	Carolyn B. Handlon
Assistant Treasurer(s):	Raymond G. Murphy
Director(s):	Karl Daniel Heininger
Director(s):	Patrick M. Gaffney
President:	Karl Daniel Heininger
Secretary:	Karl Daniel Heininger
Treasurer:	Patrick M. Gaffney
Vice President(s):	G. Cope Stewart III
Vice President(s):	Kevin M. Kimball
Vice President(s):	Myron D. Walker
Vice President(s):	Patrick M. Gaffney
Vice President(s):	Todd Clist

<b><u>State Qualifications</u></b>		
State	Date	Notes
FL		

**Remarks :**

1. Registered agent being changed to Prentice-Hall.  
*Revised : 03/12/1998*