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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13358 (7)

1. Corporation Name
GAMMA IOTA SIGMA, INC.

Principal Place of Business THREE NATIONWIDE PLAZA 3-1404 PO BOX 1559, ATTN: STEPHEN M. FINO COLUMBUS OH 43215-2220	Mailing Address THREE NATIONWIDE PLAZA 3-1404 PO BOX 1559, ATTN: STEPHEN M. FINO COLUMBUS OH 43215-2220
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3. Date Incorporated or Qualified

02/24/1987

4. FEI Number

23-7087235

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

SCHMIDT, DAVID S
5444 BAY CENTER DR., SUITE 205
TAMPA FL 33609

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	KOTTEN, KENNETH M	
STREET ADDRESS	141 E. TOWN ST.	
CITY-ST-ZIP	COLUMBUS OH 43215	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	☐ DELETE
NAME	CUBBERLEY, CHRISTINA	
STREET ADDRESS	4340 GEORGETOWN SQUARE STE 616	
CITY-ST-ZIP	DUNWOODY GA	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	☐ DELETE
NAME	GUMMER, GEORGE A	
STREET ADDRESS	2586 OAKSTONE DR.	
CITY-ST-ZIP	COLUMBUS OH 43231-7628	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	ADAMSON, STANLEY R PH.D.	
STREET ADDRESS	901 S. NATIONAL AVE.	
CITY-ST-ZIP	SPRINGFIELD MO 65804	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	ANDERSON, RAYMOND D	
STREET ADDRESS	52 E. GAY ST.	
CITY-ST-ZIP	COLUMBUS OH 43216-1008	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	AVILA, STEPHEN PH.D.	
STREET ADDRESS	%DEPARTMENT OF FINANCE WB 301	
CITY-ST-ZIP	MUNCIE IN 47306	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen M. Fino* STEPHEN M. FINO

1/9/98 614-249-8277

CR2E037 (1097)

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