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 20 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P14112** **(7)**

1. Corporation Name
DESIGN SERVICES CONSTRUCTION COMPANY

Principal Place of Business
1716 PERRYSBURG-HOLLAND ROAD
HOLLAND OH [redacted]
US

Mailing Address
P O BOX 352675
[redacted]
US

3. Date Incorporated or Qualified: 04/20/1987
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 34-1155488 — Applied For / Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23)
City & State (28): Toledo, Ohio
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24): 43528
Country (25)
Zip (29): 43635-2675
Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA 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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, BRUCE	1.2 NAME	
STREET ADDRESS	2849 FALMOUTH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BOCKBRADER, DAVID L	2.2 NAME	
STREET ADDRESS	5240 STRAIL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRSBURG OH	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	PETER DOUGLAS	3.2 NAME	
STREET ADDRESS	5351 BROOKLAWN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 above, or in an attachment with an address.

SIGNATURE: _____ David L. Bockbrader 4/14/95 (419) 865-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04M151 PN