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 MAR 14 AM 8:42

DOCUMENT # **P19618** **(8)**

1. Corporation Name
HOMEOWNER'S FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3800 WEST DUBLIN-GRANVILLE ROAD DUBLIN OH 43017	3800 WEST DUBLIN-GRANVILLE ROAD DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/13/1988**
3a. Date of Last Report: **03/23/1994**

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: **31-1120534** ☐ 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
(Typed name and title of person signing) (New Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SHACKELFORD, DONALD B.	12 NAME	
STREET ADDRESS	6020 HAVEUS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	GAHANNA OH	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCFARLAND, ALLAN B.	22 NAME	
STREET ADDRESS	578 EVENING STREET	23 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	BAYLOR, RICHARD C.	32 NAME	
STREET ADDRESS	3800 W. DUBLIN GRANVILLE	33 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	GLICK, HARVEY	42 NAME	
STREET ADDRESS	6984 CONSTITUTION PL	43 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	MOORE, MAURA	52 NAME	
STREET ADDRESS	3690 SANTIAGO DR.	53 STREET ADDRESS	
CITY-ST-ZIP	WESTERVILLE OH	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	KAMBEITZ, STEPHEN J.	62 NAME	
STREET ADDRESS	7193 FITZWILLIAM	63 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	64 CITY-ST-ZIP	

14. I 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 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 addition.

SIGNATURE: Stephen J. Kambeitz STEPHEN J. KAMBEITZ PRES 3-9-95
SIGNATURE AND TITLE OR FIRST NAME OF MAKING OFFICER OR DIRECTOR — Date — Typed Name

04/01/93 FP