FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

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

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

Mailing Address
3800 WEST DUBLIN-GRANVILLE ROAD
DUBLIN OH 43017

3. Date Incorporated or Qualified: 06/13/1988
3a. Date of Last Report: 03/14/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required on page 2 of 2) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	SHACKELFORD, DONALD B.	
STREET ADDRESS	6020 HAVEUS ROAD	
CITY-ST-ZIP	GAHANNA OH	
TITLE	PD	☐ DELETE
NAME	MCFARLAND, ALLAN B.	
STREET ADDRESS	578 EVENING STREET	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	DVP	☒ DELETE
NAME	BAYLOR, RICHARD C.	
STREET ADDRESS	3800 W. DUBLIN GRANVILLE	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VD	☐ DELETE
NAME	GLICK, HARVEY	
STREET ADDRESS	6984 CONSTITUTION PL	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	S	☐ DELETE
NAME	MOORE, MAURA	
STREET ADDRESS	3690 SANTIAGO DR.	
CITY-ST-ZIP	WESTERVILLE OH	
TITLE	T	☐ DELETE
NAME	KAMBEITZ, STEPHEN J.	
STREET ADDRESS	7193 FITZWILLIAM	
CITY-ST-ZIP	DUBLIN OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	Maura Baylor	
5.3 STREET ADDRESS	310 Cottswold Dr.	
5.4 CITY-ST-ZIP	Delaware, OH 43015	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with any addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)