

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P21414** (8)

1. Corporation Name
R/E MANAGEMENT SERVICES, INC.



Principal Place of Business: **6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068**
Mailing Address: **6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068**

3. Date Incorporated or Qualified: **10/24/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **31-1238363**
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

21. Principal Place of Business: **21**
22. Suite, Apt. #, etc.: **22**
23. City & State: **23**
24. Zip: **24** Country: **25**
26. Mailing Address: **26**
27. Suite, Apt. #, etc.: **27**
28. City & State: **28**
29. Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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
85. Zip Code: **FL**

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: _____
(NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, FRANK C	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACKMORE, DAVID F	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOWNAS, JAMES H	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, FRANK C	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWNAS, JAMES H	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAUSCH, ROBERT E	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	John B. Bartling	
3. STREET ADDRESS	6954 Americana Parkway	
4. CITY - ST - ZIP	Reynoldsburg, OH 43068	
2. TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	David P. Blackmore	
3. STREET ADDRESS	6954 Americana Parkway	
4. CITY - ST - ZIP	Reynoldsburg, OH 43068	
3. TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	Michele R. Souder	
3. STREET ADDRESS	6954 Americana Parkway	
4. CITY - ST - ZIP	Reynoldsburg, OH 43068	
4. TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	Ronald P. Kogler	
4. STREET ADDRESS	6954 Americana Parkway	
4. CITY - ST - ZIP	Reynoldsburg, OH 43068	
5. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	Dain C. Akin	
5. STREET ADDRESS	6954 Americana Parkway	
5. CITY - ST - ZIP	Reynoldsburg, OH 43068	
6. TITLE	400001770884	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	-04/05/96--01050--012	
6. STREET ADDRESS	***5800.00	
6. 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 an address.

SIGNATURE: *Ronald P. Kogler* Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255
Daytime Phone #

CR2E034 (12/95)

9/14/96