

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

AND FILED

95 APR 27 AM 10: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21872 (7)

1. Corporation Name
HCR GP-1 CORPORATION

Principal Place of Business ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US	Mailing Address ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US
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DO NOT WRITE IN THIS SPACE.

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 29

3. Date Incorporated or Qualified 11/23/1988	3a. Date of Last Report 04/25/1994
4. FEI Number 34-1560002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. 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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____
Signature: typed or printed name of registered agent or, if applicable, (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MEYERS, GEOFFREY G
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	S
NAME	BIXLER, R JEFFREY
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	PCD
NAME	ORMOND, PAUL A.
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	AS
NAME	MOLER, SPENCER C.
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	AST
NAME	GEHRICH, DAVID L.
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	V
NAME	WEIKEL, M. KEITH
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	
4. 3 STREET ADDRESS	
4. 4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME	
5. 3 STREET ADDRESS	
5. 4 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME	
6. 3 STREET ADDRESS	
6. 4 CITY - ST - ZIP	

SEE ATTACHED

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 110.07(3)(b), 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: *David L Gehrich* **DAVID L GEHRICH** **APR 18 1995** (419) 252-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name & Number)

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HCR GP-1 CORPORATION

OFFICERS

Paul A. Ormond	Chairman, President and Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President and Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer and Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel and Secretary
William H. Kinschner	Vice President, Director of Planning
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer and Assistant Secretary
Paul G. Sieben	Vice President, Director of Construction & Development
David L. Gehrich	Assistant Secretary and Assistant Treasurer
Douglas G. Haag	Assistant Treasurer
John I. Remenar	Assistant Treasurer

DIRECTORS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers

ADDRESS FOR ALL IS:

One SeaGate
Toledo, Ohio 43604-2616
Phone: (419) 252-5600