

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

102

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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**

3. Date Incorporated or Qualified  
**11/23/1988**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**34-1560002**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 or director (if applicable)

(NOTE: If signed by a registered agent, the signature must be dated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MEYERS, GEOFFREY G</b>	
STREET ADDRESS	<b>ONE SEAGATE</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>BIXLER, R JEFFREY</b>	
STREET ADDRESS	<b>ONE SEAGATE</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	<b>ORMOND, PAUL A.</b>	
STREET ADDRESS	<b>ONE SEAGATE</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>MOLER, SPENCER C.</b>	
STREET ADDRESS	<b>ONE SEAGATE</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	<b>GEHRICH, DAVID L.</b>	
STREET ADDRESS	<b>ONE SEAGATE</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>WEIKEL, M. KEITH</b>	
STREET ADDRESS	<b>ONE SEAGATE</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	

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	

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:  **DAVID L. GEHRICH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 17 1996** (419) 252-5764

CR2E034 (12/95)

HCR GP-1 CORPORATIONOFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
Richard C. Tuttle	Executive Vice President, Corporate Development
A. Jeffrey Bixler	Vice President, General Counsel & Secretary
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade O Brian	Vice President, Director of Human Resources & Labor Relations and Assistant Secretary
Paul G. Sieben	Vice President, Director of Development & Construction
David L. Gehrich	Assistant Secretary & 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