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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Apr 01 1997 8:00am Secretary of State

DOCUMENT # P23945 1. Corporation Name RAH EQUITIES, INC. Principal Place of Business S131 POST ROAD. SUITE 200 DUBLIN OH 43017-1180 Mailing Address 5131 POST ROAD. SUITE 200 DUBLIN OH 43017-1180						
				3. Date Incorporated or Qualified	3a. Date of Last R	Report
				04/18/1989	07/30/1996	
2. Principal P	Place of Bus-ness	2a. Mailing Address		4. FEI Number	_ _ _ _ _ _ _ _ _	oplied For of Applicable
Suite, Apl	#. etc.	Suite, Apt. #, etc.		1,0000	¢0.75	Additional
		27		5. Certificate of Status Desired	1 1 7 7 7 7	equired
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00	May Be
<u> </u>		28	.	Trust Fund Contribution		to Fees
Ζφ]]	Country	Zip	Country	This corporation has liability for Florida Statutes	r intangible tax under s	. 199.032,
l	25 9. Name and Address of Curre	29 ent Registered Agent	30	10. Name and Address of New F		
THC	OMPSON, SCOTT C		81 Name		······································	
	NORTH EOLA DRIVE		82 Street Add	dress (P.O. Box Number is Not Accept	able)	
ORL	LANDO FL 32801					
			83			
			84 City		FL 85 Zip	Code
			1 1			
	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	502 and 607.1508, Fiorida Statu ite of Florida. Such change was igations of, Section 607.0505, Fi	tes, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing i ept the appointment as	ts registered registered
SIGNATURE	Signature, type it or probled name of registrated a OFF ICE.RS A	egent and title if applicable. (NO .NO DIRECTORS	TE: Registered Agent signature requ		DATE FICERS AND DIRECTOR	RS IN 12
SIGNATURE 12. Uile	Signature, type I or printed name of ingistance of OFF ICERS A	agent and title if applicable. (NO	TE: Regislered Agent signature requirement 13.	uired when reinstaling)	DATE	RS IN 12
SIGNATURE 2. IILE AME	Signature, type I or protest name of registance of OFF ICERS A PTD RUFF, RONALD A	ogeni and stile il applicable. (NO ND DIRECTORS DELETE	TE: Registered Agent signature reg. 13. 11 TITLE 12 NAME	uired when reinstaling)	DATE FICERS AND DIRECTOR	RS IN 12
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information invalued on this armost report of supplemental armost report is not a and accurate and that my signature shall have the same legal effect as it made under oil. I am an officer or director of the compression 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 changes or on an attachment with an address.

SIGNATURE: