

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 8:07

DOCUMENT # P27949 (7)

1. Corporation Name
DESCO CORPORATION

Principal Place of Business Mailing Address
150 E CAMPUS VIEW BLVD., SUITE 250 COLUMBUS OH 43235-1648

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 01/31/1990 | | 3a. Date of Last Report 06/30/1994 | |
| 4. FEI Number 31-0869325 | | Applied For 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 | |
| 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 25 | 29 | 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 | 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 _____
Signature, typed or printed name of registered agent and title (acceptable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|------------------------------|--|---|---|--|--|
| TITLE | PD | <i>PRES & TREAS</i> | | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SIEMER, ARNOLD B | <i>TWO BOTTOMLEY CRESENT</i> | | 12 NAME | | | |
| STREET ADDRESS | 381 MEDITATION WAY | <i>NEW ABANDY, OH</i> | | 13 STREET ADDRESS | | | |
| CITY ST ZIP | WORTHINGTON OH | | | 14 CITY ST ZIP | | | |
| TITLE | VD | | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FOBES, CLYDE R. | | | 22 NAME | | | |
| STREET ADDRESS | 350 JESSING TRAIL | | | 23 STREET ADDRESS | | | |
| CITY ST ZIP | WORTHINGTON OH | | | 24 CITY ST ZIP | | | |
| TITLE | SD | | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GERTMENIAN, RUSSELL M. | | | 32 NAME | | | |
| STREET ADDRESS | 52 E. GAY ST. | | | 33 STREET ADDRESS | | | |
| CITY ST ZIP | COLUMBUS OH | | | 34 CITY ST ZIP | | | |
| TITLE | | | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY ST ZIP | | | | 44 CITY ST ZIP | | | |
| TITLE | | | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY ST ZIP | | | | 54 CITY ST ZIP | | | |
| TITLE | | | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY ST ZIP | | | | 64 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 110.07(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 of this report, or as an attachment with an address.

SIGNATURE: *AS Siemer* **6/7/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date

CR2E034 (3/95)