

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

**CORPORATION
ANNUAL REPORT
1995**



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

**AND
FILED**
95 APR 27 AM 10:20
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P28255 (8)

1. Corporation Name

ANCILLARY SERVICES MANAGEMENT, INC.

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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/26/1990

3a. Date of Last Report
04/25/1994

4. FEI Number
34-1636874

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PGM
NAME	POST, KEN
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	CPCO
NAME	ORMOND, PAUL A
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	EVP
NAME	POSSANZA, ROBERT W
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	VTS
NAME	MOLER, SPENCER C.
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	AST
NAME	GEHRICH, DAVID LEE
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH
TITLE	SEVP
NAME	WEIKEL, M KEITH
STREET ADDRESS	ONE SEAGATE
CITY - ST - ZIP	TOLEDO OH

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	EVP
3.3 STREET ADDRESS	Meyers, Geoffrey G.
3.4 CITY - ST - ZIP	ONE SEAGATE TOLEDO OH
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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: *X.D.L. Gehrich*

DAVID L GEHRICH

APR 1 1995 (419) 353-5764

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

(Typed) Name #

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ANCILLARY SERVICES MANAGEMENT, INC.

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 Development & Construction
Kenneth R. Post	General Manager
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
Paul G. Sieben

ADDRESS FOR ALL IS:

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