FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P28757 (3)

1. Corporation Name
R.E. HARRINGTON, INC.

Principal Place of Business
1103 SHROCK RD. STE 203
COLUMBUS OH 43229

Mailing Address
1103 SHROCK RD. STE 203
COLUMBUS OH 43229

3. Date Incorporated or Qualified: 03/29/1990
3a. Date of Last Report: 04/19/1995
4. FEI Number: 95-2663073 ☐ 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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PARKER, ROBERT R.	
STREET ADDRESS	1103 SHROCK RD, STE 203	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VS	☐ DELETE
NAME	BLUE, WARREN G.	
STREET ADDRESS	1103 SHROCK RD, STE 203	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	T	☐ DELETE
NAME	COVERT, ROBERT J.	
STREET ADDRESS	1103 SHROCK RD, STE 203	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	☐ DELETE
NAME	PATRICOF, ALAN J.	
STREET ADDRESS	445 PARK PL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	RAPAPORT, HAROLD	
STREET ADDRESS	5 HORIZON RD., #2509	
CITY-ST-ZIP	FORT LEE NJ	
TITLE	D	☐ DELETE
NAME	CHEFITZ, ROBERT	
STREET ADDRESS	445 PARK PL	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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)(i), 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: Robert J. Covert, Treasurer 4/24/96 614/470-7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR