

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29275** (5)

1. Corporation Name

THE SYGMA NETWORK OF OHIO, INC.

Principal Place of Business

**4265 DIPLOMACY DRIVE
COLUMBUS OH 43226**

Mailing Address

**4265 DIPLOMACY DRIVE
COLUMBUS OH 43226**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1990

3a. Date of Last Report

02/01/1994

4. FEI Number

76-0254608

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. 193.032,
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**
NAME **KURZ, THOMAS P.**
STREET ADDRESS **20010 SKY HOLLOW LANE**
CITY-ST-ZIP **KATY TX**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD**
NAME **MARSHALL, GREGORY K.**
STREET ADDRESS **8 WEXFORD CT**
CITY-ST-ZIP **HUDSON TX**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **RIKER, LA DEE G.**
STREET ADDRESS **117 BEVERLY LANE**
CITY-ST-ZIP **HOUSTON TX**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **CD**
NAME **SUGAR, JOSEPH A., JR.**
STREET ADDRESS **2424 W. LANE AVENUE**
CITY-ST-ZIP **COLUMBUS OH**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **DEASEY, STEPHEN M.**
STREET ADDRESS **5617 PRESWICK DR**
CITY-ST-ZIP **DUBLIN OH**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **EPPLER, RONALD H**
STREET ADDRESS **3829 FAIRLINGTON**
CITY-ST-ZIP **COLUMBUS OH**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: C. E. [Signature] **STAFF ACCOUNTANT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 (614) 876-2500
(Date) (Daytime Phone #)