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 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32769** (2)

1. Corporation Name

CONQUEST OPERATOR SERVICES CORP.

Principal Place of Business	Mailing Address
5500 FRANTZ RD STE 125 DUBLIN OH 43017 US	5500 FRANTZ RD STE 125 DUBLIN OH 43017 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 31-1242410 ☐ 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

9. Name and Address of Current Registered Agent

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

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOBWICK, JAMES E.
STREET ADDRESS	8568 TURNBERRY COURT
CITY-ST-ZIP	DUBLIN OH
TITLE	S
NAME	TOWNSEND, MARIANNE
STREET ADDRESS	8245 GREENTREE DRIVE
CITY-ST-ZIP	WESTERVILLE OH
TITLE	CD
NAME	PATEL, GHANSHYAM C.
STREET ADDRESS	2259 SABERLY COURT
CITY-ST-ZIP	DUBLIN OH
TITLE	D
NAME	GORMAN, GERALD
STREET ADDRESS	4008 GIBSONIA ROAD
CITY-ST-ZIP	GIBSONIA PA
TITLE	D
NAME	BYRNE, W. MICHAEL
STREET ADDRESS	1855 EARTH BORING RD, PO BOX 444
CITY-ST-ZIP	MANSFIELD OH
TITLE	D
NAME	ERBS, HAROLD
STREET ADDRESS	3206 N MAIN ST, BOX 232
CITY-ST-ZIP	TAYLOR TX

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

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Melanie O'Neil Melanie O'Neil 4/27/95 614-764-2933
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0478198 FP