MAY-19-1998 17:44 CT CINCINNATI P.02/03

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1998 MAY 22 PM 4:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P32769

1. Corporation Name
CONQUEST OPERATOR SERVICES Corp.

Principal Place of Business	Mailing Address
5500 FRANTZ RD. SUITE 125 DUBLIN, OH 43017	

3. Date Incorporated or Qualified: 2-11-91	3a. Date of Last Report
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	

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country

26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
same				

9. Name and Address of Current Registered Agent

CSC-
1201 HAYSTREET
TALLAHASSEE FL
32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

B00002516988:--7
-05/27/98--01085--010
*****550.00 *****550.00

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHAIRMAN ☐ DELETE	1.1 TITLE	PRESIDENT & CEO ☐ Change ☐ Addition
NAME	PETER HALLIDAY	1.2 NAME	JAMES SOBWICK
STREET ADDRESS	331 PARKVIEW AVE	1.3 STREET ADDRESS	8750 ST. ALBANS PLACE
CITY-ST-ZIP	COLUMBUS, OH 43209	1.4 CITY-ST-ZIP	DUBLIN, OH 43017
TITLE	DIRECTOR ☐ DELETE	2.1 TITLE	VICE PRESIDENT & SECRETARY ☐ Change ☐ Addition
NAME	JAGDISH DAVDA	2.2 NAME	MARIANNE A. TOWNSEND
STREET ADDRESS	1118 STRATHAVEN CT. N.	2.3 STREET ADDRESS	2608 MALLARDS LANDING DR
CITY-ST-ZIP	WORTHINGTON, OH 43085	2.4 CITY-ST-ZIP	POWELL, OH 43065
TITLE	DIRECTOR ☐ DELETE	3.1 TITLE	VICE PRESIDENT ☐ Change ☐ Addition
NAME	HAROLD ERBS	3.2 NAME	PETER BUONANUTO
STREET ADDRESS	5130 BROESHEATHER	3.3 STREET ADDRESS	5407 LANARK CT
CITY-ST-ZIP	HOUSTON, TX 77096	3.4 CITY-ST-ZIP	DUBLIN, OH 43017
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	VICE PRESIDENT ☐ Change ☐ Addition
NAME	DENNIS J. GERAGHTY	4.2 NAME	WAYNE WOOD
STREET ADDRESS	204 E. COLLEGE AVE	4.3 STREET ADDRESS	517 YORKSHIRE DR
CITY-ST-ZIP	GRANVILLE, OH 43023	4.4 CITY-ST-ZIP	NEWARK, OH 43055
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	VICE PRESIDENT ☐ Change ☐ Addition
NAME	GERALD GORMAN	5.2 NAME	ERIC DUVALL
STREET ADDRESS	3011 PONDEROSA DR	5.3 STREET ADDRESS	3802 WAVERLEY PLACE DR
CITY-ST-ZIP	ALISON PARK, PA 15101	5.4 CITY-ST-ZIP	LEWIS CENTER, OH 43035
TITLE	DIRECTOR ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK HART	6.2 NAME	
STREET ADDRESS	3691 GALE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRANVILLE, OH 43023	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 5/18/98 407-629-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Andrew Folck / CFO