FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Moiling Addross

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90027 024 ***150.00

DOC	JMENT	# P3	2769

1. Corporation Name

CONQUEST OPERATOR SERVICES CORP.

Finicipal Flace	a OL DOZINESS	Maning Address					
5500 FRANTZ R	tD .	5500 FRANTZ RD					
STE 125		STE †25					
DUBLIN OH 430	917	DUBLIN OH 43017			DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed		
					02/11/1991		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	$ \Box$ _{i}	Applied For
		5000 Tille CO	14410	ia Blu			Not Applicable
		26 5080 Tuttle Cr	13711	14 12.0	31 12424 10		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27				Fee h	Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00	0 May Be
23 Dubl	in OH	28 Dubun, OH			Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip (Country		8. This corporation owes the current year in	tangible	
24 43014-	3544 25 USA	29 43016-356630		USA	Personal Property Tax.	X Yes	□No
24170014	9. Name and Address of Current		· T		10. Name and Address of New Registered	Agent	
	5. Name and Address of Current	Registeres Agoin	81	Name	TO THE STATE OF TH	<u> </u>	
COR	PORATION SERVICE COMPANY		["]	, ,,,,,,,,,		_	
1201 HAYS STREET 82 Street Address					dress (P.O. Box Number is Not Acceptable)		
IALL	AHASSEE FL 32301		83				
			<u> </u>	<u> </u>		Jail =:	
			84	City	FL	85 Zip	o Code
				L			ita resistand
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above	e-named co	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as	reaistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	Statutes		along board of an action of the copy are copy and approximately		J
•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Regist	lered Agen	nt signature requ	tired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECT	ORS IN 12
TITLE	C		,1 TITLE		PIT	Change	
	HALLIDAY, PETER			بار	ware Wingeld Cl-		
NAME			.2 NAME	~ Y	5000 Tutle Crossing BIVd.		
STREET ADDRESS	331 PARKVIEW AVENUE	1	3 STREET	ADDRESS	5000 (12:110 213:014 3544		
CITY-ST-ZIP	COLUMBUS OH 43209		.4 CITY-S	T-ZIP (Oubun OH 43016-3566		
TITLE	D	DELETE 2	1 TITLE		<u>v15</u>	Change	e 💢 Addition
NAME	DAVDA, JAGDISH	2	2 NAME	-	maddeus Bereday 8080 Tuttle Crossing BIV	i	
	1118 STRATHAUEN CT. N.			1	LORD THE CROSSING BIN	d	
STREET ADDRESS	1			ADDRESS	5000 TELLE CIOSON 7		
CITY-ST-ZIP	WORTHINGTON OH 43085		4 CITY-S	ST-ZIP	Dubun OH 43016-3566	(C) (C)	- EX Addition
TITLE	D	DELETE 3	1.1 TITLE		DICEO :	Change	e 🔀 Addition
NAME	ERBS, HAROLD	3	.2 NAME	0/	erich spanganberg	d	
STREET ADDRESS	5130 BROESHEATHER	. 3	3 STREET	rannocée P	5090 14.44 670350 4 2	iii	
	HOUSTON TX 77096		.4, CITY-S	T. 7(P	Dublin OH 43016-3564	,	
CITY-ST-ZIP	D		1,4, CITT-S 1,1 TITLE		olc	Change	e X Addition
TITLE		<i>,</i>		ر ا	olo - Lacab		
NAME	GERAGHTY, DENNIS J		. 2 NAME	1	noburt Lorsch		
STREET ADDRESS	204 E. COLLEGE AVENUE	1 4	.3 STREET	TADDRESS A	5080 Tuthe Crossing BIVD		
CITY-ST-ZIP	GRANVILLE OH 43023	, 14	.4 CITY-S	T-ZIP	Dubun 0H10016-2000		
TITLE	D		.1 TITLE		Fred Fielding	☐ Change	e 💢 Addition
NAME	GORMAN, GERALD	' '	2 NAME		The relation		
1	3011 PONDEROSA DRIVE			TADDRESS	6090 tutle Crossing Bird		
STREET ADDRESS		9			Dublin, OH 43016-3566		
CITY-ST-ZIP	ALLISON PARK PA 15101		4 CITY-S				57.00
TITLE	D	X DELETE €	.1 TITLE		Dollar I. Smaith	Change	e 💹 Addition
NAME	HART, PATRICK], e	3.2 NAME		pobert smith		
STREET ADDRESS	ACCUL CALE DOAD	6	3.3 STREET	TADORESS 6	SNAD TUHLE CROSSING STORY		
	GRANVILLE OH 43023		6.4 CITY-S	T. 7IP F	Dubun OH 43016-3566		
CITY ST ZID	I CHIMITILLE VIII TOUCO		,- viii - 0	1	Le war a renigion in the control of		

GRANVILLE OH 43023 14. 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, with all other like empowered.

SIGNATURE:

614-789-8600