

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:49

DOCUMENT # P32803 (9)

1. Corporation Name

STATECO FINANCIAL SERVICES, INC.

Principal Place of Business

518 EAST BROAD STREET  
COLUMBUS OH 43215-3901

Mailing Address

518 EAST BROAD STREET  
COLUMBUS OH 43215-3901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1991

3a. Date of Last Report

04/06/1994

4. FEI Number

31-0676465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 of representative)

(Signature, typed or printed name of registered agent and title of representative)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD  
NAME BAILEY, ROBERT L.  
STREET ADDRESS 518 EAST BROAD STREET  
CITY, ST, ZIP COLUMBUS OH

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE VD  
NAME HARRIS, URLIN G., JR.  
STREET ADDRESS 518 EAST BROAD STREET  
CITY, ST, ZIP COLUMBUS OH

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE VD  
NAME YANTIS, DONALD E.  
STREET ADDRESS 518 EAST BROAD STREET  
CITY, ST, ZIP COLUMBUS OH

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE SD  
NAME LOWTHER, JOHN R.  
STREET ADDRESS 518 EAST BROAD STREET  
CITY, ST, ZIP COLUMBUS OH

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE T  
NAME BOWSHIER, TERRENCE L.  
STREET ADDRESS 518 EAST BROAD STREET  
CITY, ST, ZIP COLUMBUS OH

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(d), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-95

Date

614-464-5000

System Phone #