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

PROFIT



ANNU	RPORATION JAL REPORT 1996	Sandra E Secretar	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS		
1. Corporatio	MENT # P3280 ECO FINANCIAL SERVICES	- (-)		1 100410011 HE 41HD HOOT 10HH 60H	IT DER TREER DER AL DER KONER DER KONER DER KONER
Principal Place	e of Business	Mailing Address			
	Broad Street OH 43215-3901	518 EAST BROAD STRE COLUMBUS OH 43215-3			
				3. Date Incorporated or Qualified 02/13/1991	3a. Date of Last Report 03/28/1995
	ace of Business	2a. Mailing Address		4. FEI Number 31-0676465	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Curre		30	Florida Statutes Yes 10. Name and Address of New R	No
11. Pursuant or register familiar wi	to the provisions of Sections 607.050; red agent, or both, in the State of Flori tilth and accept the obligations of Sec	2 and 607.1508, Florida Statutes	84 City	oration submits this statement for the pur	FL 85 Zip Code pose of changing its registered office
	in, and accept the obligations of, oec	tion 607.0505, Florida Statutes	a by the corporation's boa	ard or directors. Thereby accept the appoint	ointment as registered agent. I am
SIGNATURE		tion 607.0505, Florida Statutes.			
SIGNATURE.	Signature, typed or printed name of registereo ager OFFICERS AN	tion 607.0505, Florida Statutes.	Bogistered Agent signature require 13.		DATE
12. THILE	Signature: typed or printed name of registereo ager OFFICERS AN	Tion 607.0505, Florida Statutes.	: Ragistered Agent signature requir	ed when reinstatingi	DATE
12. THE NAME	Signature: typed or printed name of registereo ager OFFICERS AN CPD BAILEY, ROBERT L.	tion 607.0505, Florida Statutes. Land tille if applicable (NOTE) ID DIRECTORS	Flogistered Agent signature require 13. 1 1 THLE 12 NAME	ed when reinstatingi	DATE ICERS AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #

CR2E034 (12/95)