

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

PEIOTT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P35560**

1. Corporation Name:  
**STC FRANCHISES COMPANY**

(2)

**Principal Place of Business:**

**21012 AURORA ROAD  
WARRENSVILLE HEIGHTS OH 44146**

**Mailbox Address:**

**21012 AURORA ROAD  
WARRENSVILLE HEIGHTS OH 44146-1010**

**2. Principal Place of Business:**

**21 Suite, Apt #, etc.**

**2a. Mailing Address:**

**26 Suite, Apt #, etc.**

**22 City & State:**

**27 City & State:**

**23 Zip:**

**28 Zip:**

**24 Country:**

**29 Country:**

**9. Name and Address of Current 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:**

**85 Zip Code:**

**11. Pursuant to the provisions of Florida Statute 409.0107 (Part 1), Florida Statutes, the above named corporation signs to the 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 understand the responsibilities of the position of Block 1007 (000), Florida Statutes.**

**SIGNATURE:**

**Block 1007 (000) - Registered Office or Registered Agent**

**PST  
SUTTON, ALAN J.  
21012 AURORA ROAD  
WARRENSVILLE HTS. OH  
D  
SUTTON, ALAN J.  
21012 AURORA ROAD  
WARRENSVILLE HTS. OH  
AS  
SUTTON, SUSAN J  
21012 AURORA ROAD  
WARRENSVILLE HEIGHTS OH**

**[ ] Delete**

**14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. Further certify that the information included in the annual report or amendment to annual report contains no false or misleading information. I have the same legal effect as if made under oath, the name of officer or director of the corporation or the trustee or trustee of employee benefit fund that signed this affidavit. I have the same legal effect as if made under oath, the name appearing in Block 12 or Block 13, if it is a corporation or other organization entity.**

**SIGNATURE:**

*Alan J. Sutton*

**ALAN J. SUTTON**

**4-18-97**

**216-663-2600**

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**



<b>3. Date Incorporated or Qualified:</b>	<b>09/18/1991</b>	<b>3a. Date of Last Report:</b>	<b>04/22/1996</b>
<b>4. EIN Number:</b>	<b>34-1584028</b>	<b>4a. Applied For New Appointee:</b>	<input type="checkbox"/>
<b>5. Certificate of Status Desired:</b>	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required:</b>	<input type="checkbox"/>
<b>6. Election Campaign Financing Trust Fund Contribution:</b>	<input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees:</b>	<input type="checkbox"/>
<b>8. This corporation is liable for intangible tax under section 199(b)(9), Florida Statutes:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>10. Name and Address of New Registered Agent:</b>			
<b>81 Name:</b>			
<b>82 Street Address (P.O. Box Number is Not Acceptable):</b>			
<b>83</b>			
<b>84 City:</b>	<b>85 Zip Code:</b>		

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**[ ] Change [ ] Addition**

**13.**

**13.1 Present Address:**

**13.1 CITY & ZIP:**

**13.2 PREV ADDRESS:**

**13.2 CITY & ZIP:**

**13.3 PREV ADDRESS:**

**13.4 CITY & ZIP:**

**13.5 PREV ADDRESS:**

**13.6 CITY & ZIP:**

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**13.22 CITY & ZIP:**

**13.23 PREV ADDRESS:**

**13.24 CITY & ZIP:**