FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020846 (0)**

1. Corporation Name

NORTHEASTER MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
30 CHANNEL CAY RD. NORTH KEY LARGO FL 33037	949 KING AVE ATTN DAVID J HOGAN COLUMBUS OH 43212 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1993	3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0391561	☐ 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

9. Name and Address of Current Registered Agent

BAKER, CARLYLE M
30 CHANNEL CAY RD.
NORTH KEY LARGO FL 33037

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BAKER, CARLYLE M	12 NAME	
STREET ADDRESS	30 CHANNEL CAY RD	13 STREET ADDRESS	
CITY-ST-ZIP	N KEY LARGO FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	HOGAN, DAVID J	22 NAME	
STREET ADDRESS	949 KING AVE	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	AULD, JANET B	32 NAME	
STREET ADDRESS	949 KING AVE	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	DEVENNISH, JOSEPH B	42 NAME	
STREET ADDRESS	949 KING AVE	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID J. HOGAN VICE PRESIDENT OF FINANCE

0470620 FP