

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 23 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # 838617 (9)

1. Corporation Name
ROBERT P. MADISON INTERNATIONAL, INC.

Principal Place of Business Mailing Address
2930 EUCLID AVENUE 2930 EUCLID AVENUE
CLEVELAND OH 44115 CLEVELAND OH 44115

3. Date Incorporated or Qualified 06/17/1977 3a. Date of Last Report 03/01/1994

2. Principal Place of Business 2b. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

4. FEI Number 34-1057129 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FLOOD, JOHN
6501 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDCE
NAME MADISON, ROBERT P
STREET ADDRESS 2930 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH

1.1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE CD
NAME LIM, KHA H
STREET ADDRESS 2930 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH

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

TITLE VPD
NAME HENDERSON, CHESTER
STREET ADDRESS 2930 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE SD
NAME DAVIS, VERNADA
STREET ADDRESS 2930 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH

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

T.S. 1/23/95

TITLE T
NAME JACKSON, DORRIS
STREET ADDRESS 2930 EUCLID AVENUE
CITY-ST-ZIP CLEVELAND OH

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

TITLE D
NAME MADISON, JULIETTE B.
STREET ADDRESS 4040 NINETEENTH ST. N.E.
CITY-ST-ZIP WASHINGTON DC

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or certain information with an addendum.

SIGNATURE:

J. Madison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1995 (216) 861-8195
DATE (Typed Name)