

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838617 (9)**

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



Principal Place of Business <b>2930 EUCLID AVENUE                  CLEVELAND OH 44115</b>	Mailing Address <b>2930 EUCLID AVENUE                  CLEVELAND OH 44115</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1977</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>34-1057129</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FLOOD, JOHN                  6501 ARLINGTON EXPRESSWAY                  JACKSONVILLE FL 32211</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
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.				85 Zip Code <b>FL</b>	

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  
 85 Zip Code **FL**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CDCE	<input type="checkbox"/> DELETE
NAME	MADISON, ROBERT P	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LIM, KHAI H	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HENDERSON, CHESTER	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, VERNADA	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, DORRIS	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADISON, JULIETTE B.	
STREET ADDRESS	4040 NINETEENTH ST. N.E.	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *[Handwritten Signature]*

*Feb 10, 1998 216 861-8195*

CR2E034 (10/97)