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 APR 17 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F50264 (3)

1. Corporation Name
SALO INCORPORATED

Principal Place of Business	Mailing Address
980 CHECKREIN AVE COLUMBUS OH 43229 US	980 CHECKREIN AVENUE COLUMBUS OH 43229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1981
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2125314 ☐ 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

9. Name and Address of Current Registered Agent

WILSON, GEORGE A
3001 TAMIAMI TRAIL N.
NAPLES FL 33940

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 agree to 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARTSHORN, MICHAEL W.	1.2 NAME	
STREET ADDRESS	980 CHECKREIN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	CMD	2.1 TITLE	☐ Change ☐ Addition
NAME	SALO, HAROLD A	2.2 NAME	
STREET ADDRESS	3 RABBIT RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSE VALLEY PA	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIMARCO, THOMAS J.	3.2 NAME	
STREET ADDRESS	980 CHECKREIN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 added by an attachment with an address.

SIGNATURE: [signature] Treasurer x 4/10/95 614-436-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479818 FP