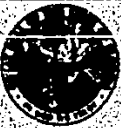


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F50264 (3)
1. Corporation Name SALO INCORPORATED

Principal Place of Business 980 CHECKREIN AVE COLUMBUS OH 43229 US	Mailing Address 980 CHECKREIN AVENUE COLUMBUS OH 43229 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent WILSON, GEORGE A 3001 TAMAM TRAIL N. NAPLES FL 33940	
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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 principal place of business, 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 understand the provisions of, Section 607.0505, Florida Statutes.	
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SIGNATURE	DATE
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARTSHORN, MICHAEL W. 980 CHECKREIN AVENUE COLUMBUS OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CMD SALO, HAROLD A 3 RABBIT RUN ROSE VALLEY PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD DMARCO, THOMAS J. 980 CHECKREIN AVENUE COLUMBUS OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed by an attachment with an address.	
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SIGNATURE: <i>Thomas J. Dmarco</i>	Treasurer	4/14/95	614-436-9404
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

APPROVED AND FILED	
95 APR 17 PM 2:18	
SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE.	
3. Date Incorporated or Qualified 10/19/1981	3a. Date of Last Report 04/20/1994
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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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	