

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17920 (0)

1. Corporation Name
SALCRIS CORPORATION



Principal Place of Business 800 CONCOURSE PARKWAY SUITE 100 BIRMINGHAM AL 35244 US	Mailing Address PO BOX 361020 BIRMINGHAM AL 35236-1020 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO BOX 2608 - TAX DEPT
22 City & State	27 DAYTON OHIO
23 Zip	28 45401
24 Country	30 USA

3. Date Incorporated or Qualified 02/08/1988	3a. Date of Last Report 04/04/1995
4. FEI Number 63-0774123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	800001930218 -08/23/96--01004--018
84 City	***225.00 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: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NICHOLSON, GEORGE N.
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DONALD, HENRY W.
STREET ADDRESS	3229 KIRKWALL LANE
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	MCCRODDAN, ROBIN
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	EADS, JOHN H.
STREET ADDRESS	5456 WOODFORD DRIVE
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, MARK
STREET ADDRESS	800 CONCOURSE PARKWAY, SUITE 100
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID R HOLMES
13 STREET ADDRESS	115 SOUTH LUDLOW STREET
14 CITY-ST-ZIP	DAYTON OH 45402
21 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	H. JOHN PROUD
23 STREET ADDRESS	800 GERMANTOWN STREET
24 CITY-ST-ZIP	DAYTON OHIO 45407
31 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JAMES R BYRO
33 STREET ADDRESS	800 GERMANTOWN STREET
34 CITY-ST-ZIP	DAYTON OHIO 45407
41 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DALE L MEDFORD
43 STREET ADDRESS	115 SOUTH LUDLOW STREET
44 CITY-ST-ZIP	DAYTON OHIO 45402
51 TITLE	ASST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MICHAEL J GABINSKI
53 STREET ADDRESS	115 SOUTH LUDLOW STREET
54 CITY-ST-ZIP	DAYTON OHIO 45402
61 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ADAM M. LUTYNSKI
63 STREET ADDRESS	115 SOUTH LUDLOW STREET
64 CITY-ST-ZIP	DAYTON OHIO 45402

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, 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Dale L Medford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE L. MEDFORD

8-21-96 513/449-4187
Date Printed

CR2E034 (3/96)