

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 21 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT #1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2608 -TAX DEPT DAYTON OH 45401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30
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3. Date Incorporated or Qualified 02/08/1988	3a. Date of Last Report 08/22/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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
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 reinstalling.) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, DAVID R	
STREET ADDRESS	115 SOUTH LUDLOW STREET	
CITY-ST-ZIP	DAYTON OH 45402	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PROUD, JOHN H	
STREET ADDRESS	800 GERMANTOWN STREET	
CITY-ST-ZIP	DAYTON OH 45407	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, JAMES R	
STREET ADDRESS	800 GERMANTOWN STREET	
CITY-ST-ZIP	DAYTON OH 45407	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEDFORD, DALE L	
STREET ADDRESS	115 SOUTH LUDLOW STREET	
CITY-ST-ZIP	DAYTON OH 45402	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	GAPINSKI, MICHAEL J	
STREET ADDRESS	115 SOUTH LUDLOW STREET	
CITY-ST-ZIP	DAYTON OH 45402	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUTYNSKI, ADAM M	
STREET ADDRESS	115 SOUTH LUDLOW STREET	
CITY-ST-ZIP	DAYTON OH 45402	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	136 South Ludlow Street	
2.4 CITY-ST-ZIP	Dayton, OH 45402	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *David R. Holmes* Treasurer 8/12/97 937/485-4187

CR2E034 (4/97)

**SALCRIS CORPORATION
LIST OF EXECUTIVE OFFICERS AND *DIRECTORS (INSIDE)**

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
* <u>H. JOHN PROUD</u> 8818 Meadow Woods Lane Spring Valley, OH 45370	President	800 Germantown Street Dayton, OH 45407
<u>JAMES R. BYRD</u> 3859 Murphy's Crossing Dayton, OH 45440	Vice President	800 Germantown Street Dayton, OH 45407
* <u>DALE L. MEDFORD</u> 1955 Tak Circle Kettering, OH 45429	Treasurer	115 South Ludlow Street Dayton, OH 45402
<u>MICHAEL J. GAPINSKI</u> 5378 Welsford Court Westchester, OH 45089	Assistant Treasurer	115 South Ludlow Street Dayton, OH 45402
<u>ADAM M. LUTYNSKI</u> 435 Timberlea Trail Dayton, OH 45429	Secretary	115 South Ludlow Street Dayton, OH 45402
<u>ELIZABETH H. BLATTNER</u> 4229 Brewster's Run Court Bellbrook, OH 45305	Assistant Secretary	800 Germantown Street Dayton, OH 45407
* <u>DAVID R. HOLMES</u> 5 Volusia Avenue Dayton, OH 45409	Director	115 South Ludlow Street Dayton, OH 45407