

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29516**

1. Corporation Name

INSILCO CORPORATION

Principal Place of Business

Mailing Address

425 Metro Place North
Suite 555
Dublin, OH 43017

425 Metro Place North
Suite 555
Dublin, OH 43017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/25/1990

05/01/1994

4. FEI Number

06-0635844

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Smialek, Robert L.
STREET ADDRESS 425 Metro Place North, Ste. 555
CITY ST ZIP Dublin, OH 43017

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE V
NAME Heffron, Robert F.
STREET ADDRESS 425 Metro Place North, Ste 555
CITY ST ZIP Dublin, OH 43017

21 TITLE Change Addition
22 NAME 800001493058
23 STREET ADDRESS -05/18/95--01025--011
24 CITY ST ZIP ****200.00 ****200.00

TITLE V
NAME Miller, James D.
STREET ADDRESS 425 Metro Place North, Ste. 555
CITY ST ZIP Dublin, OH 43017

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE V/S
NAME Koch, Kenneth H.
STREET ADDRESS 425 Metro Place North, Ste. 555
CITY ST ZIP Dublin, OH 43017

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE T
NAME Kauer, David A.
STREET ADDRESS 425 Metro Place North, Ste. 555
CITY ST ZIP Dublin, OH 43017

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE V
NAME Jacobs, Les G.
STREET ADDRESS 425 Metro Place North, Ste. 555
CITY ST ZIP Dublin, OH 43017

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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, 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 of this report, or on an attachment with an address.

SIGNATURE:

Les G. Jacobs

5/1/95 Les G. Jacobs, Vice President (614) 792-0468

(SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Secretary

LW