

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 012575 (7)
1. Corporation Name
COLLIER COUNTY PUBLISHING COMPANY



Principal Place of Business: 312 WALNUT ST. 28TH FL, P.O. BOX 5380, CINCINNATI OH 45201 US
Mailing Address: 312 WALNUT ST. 28TH FLOOR, P.O. BOX 5380, CINCINNATI OH 45201 US

3. Date Incorporated or Qualified: 08/06/1923
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0578327
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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, 85 Zip Code (FL)

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 date if applicable. (NOTE - Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTELLINI, DANIEL J. | 1.2 NAME | |
| STREET ADDRESS | 7057 WOODSEGE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WYANT, CORBIN A. | 2.2 NAME | |
| STREET ADDRESS | 320 BOWLINE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | VO | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURLEIGH, WILLIAM R. | 3.2 NAME | |
| STREET ADDRESS | 5925 ROPES DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUPRIONIS, M. DENISE | 4.2 NAME | |
| STREET ADDRESS | 214 REDBUD CT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOVELAND OH | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLFZORN, E. JOHN | 5.2 NAME | |
| STREET ADDRESS | 2255 HEATHER HILL BLVD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCRIPPS, CHARLES E. | 6.2 NAME | |
| STREET ADDRESS | 10 GRANDIN LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINCINNATI OH | 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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/29/96 (513) 977-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)