


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000608 (9)**  
 1. Corporation Name  
**FACS GROUP, INC.**



Principal Place of Business <b>4705 DUKE DRIVE MASON OH 45040</b>	Mailing Address <b>FEDERATED DEPT STORES 7 WEST SEVENTH STREET CINCINNATI OH 45202 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b> c/o Federated Corporate		3. Date Incorporated or Qualified <b>02/08/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Services, Inc.</b>		4. FEI Number <b>31-1397510</b>	
City & State <b>23</b>		City & State <b>27</b> 7 West Seventh Street		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b> 45202	Country <b>30</b> USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, JAMES M</b>	1.2 NAME	<b>Seppelt, Robert C.</b>
STREET ADDRESS	<b>7 WEST SEVENTH ST.</b>	1.3 STREET ADDRESS	<b>7 West Seventh St.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	1.4 CITY-ST-ZIP	<b>Cincinnati, OH</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMS, JOHN R</b>	2.2 NAME	<b>Nay, Gary J.</b>
STREET ADDRESS	<b>7 WEST SEVENTH ST.</b>	2.3 STREET ADDRESS	<b>7 West Seventh St.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	2.4 CITY-ST-ZIP	<b>Cincinnati, OH</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRODERICK, DENNIS J</b>	3.2 NAME	<b>Ziermaier, Klaus M.</b>
STREET ADDRESS	<b>7 WEST SEVENTH ST.</b>	3.3 STREET ADDRESS	<b>7 West Seventh St.</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	3.4 CITY-ST-ZIP	<b>Cincinnati, OH</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMANN, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>4705 DUKE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MASON OH 45040</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TAS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGUET, KAREN</b>	5.2 NAME	
STREET ADDRESS	<b>7 WEST SEVENTH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, JACK</b>	6.2 NAME	
STREET ADDRESS	<b>7 W 7TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: *Jack B Cox* Jack B. Cox, Asst. Secy. 2/16/98 513-579-7311

CFR2E034 (10/97)