

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

**FILED**

**Mar 11 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000005905 (4)**

1. Corporation Name  
**FEDERATED SYSTEMS GROUP, INC.**



Principal Place of Business: **7 WEST SEVENTH ST. CINCINNATI OH 45202**  
 Mailing Address: **7 WEST SEVENTH ST. CINCINNATI OH 45202-2424**

3. Date Incorporated or Qualified: **11/15/1994**  
 3a. Date of Last Report: **02/01/1996**  
 4. FEI Number: **31-1419869**  
 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: **21**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRODERICK, DENNIS J	
STREET ADDRESS	7 WEST SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SIMS, JOHN R	
STREET ADDRESS	7 WEST SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, JAMES M	
STREET ADDRESS	7 WEST SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HONIG, LAWRENCE E	
STREET ADDRESS	6801 GOVERNORS PKWY., BLDG. 200, STE. 500	
CITY-ST-ZIP	NORCROSS GA 30071	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEPPELT, ROBERT C	
STREET ADDRESS	7 WEST SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	HOGUET, KAREN M	
STREET ADDRESS	7 WEST SEVENTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Amann, James	
1.3 STREET ADDRESS	9111 Duke Blvd.	
1.4 CITY-ST-ZIP	Mason, OH 45241	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nay, Gary	
2.3 STREET ADDRESS	7 West Seventh Street	
2.4 CITY-ST-ZIP	Cincinnati, OH 45202	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cox, Jack	
3.3 STREET ADDRESS	7 West Seventh St.	
3.4 CITY-ST-ZIP	Cincinnati, OH 45202	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ziermaier, Klaus	
4.3 STREET ADDRESS	7 West Seventh Street	
4.4 CITY-ST-ZIP	Cincinnati, OH 45202	
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)(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 on an attachment with an address.

SIGNATURE: *Jack B. Cox* Jack B. Cox, Assistant Secretary 2/10/97 513-579-7311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)