


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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	3	4. FEI Number
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/15/1994	31-1419869
City & State		City & State		5. Certificate of Status Desired	Applied For
Cincinnati, OH		Cincinnati, OH		<input type="checkbox"/>	Not Applicable
Zip	Country	Zip	Country	6. Election Campaign Financing	\$8.75 Additional Fee Required
45202	USA	45202	USA	Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				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			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DV BRODERICK, DENNIS J	1.2 NAME	V Nay, Gary J.
STREET ADDRESS	7 WEST SEVENTH ST.	1.3 STREET ADDRESS	7 West Seventh St.
CITY-ST-ZIP	CINCINNATI OH 45202	1.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	DELETED	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VSD SIMS, JOHN R	2.2 NAME	Cox, Jack B.
STREET ADDRESS	7 WEST SEVENTH ST.	2.3 STREET ADDRESS	7 West Seventh St.
CITY-ST-ZIP	CINCINNATI OH 45202	2.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	DELETED	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CD ZIMMERMAN, JAMES M	3.2 NAME	Ziermaier, Klaus M.
STREET ADDRESS	7 WEST SEVENTH ST.	3.3 STREET ADDRESS	7 West Seventh St.
CITY-ST-ZIP	CINCINNATI OH 45202	3.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P AMANN, JAMES	4.2 NAME	
STREET ADDRESS	9111 DUKE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MASON OH	4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SEPPELT, ROBERT C	5.2 NAME	
STREET ADDRESS	7 WEST SEVENTH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAS HOGUET, KAREN M	6.2 NAME	
STREET ADDRESS	7 WEST SEVENTH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	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 on an attachment with an address.

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

CFR2E034 (10/97)