

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90119 001 \*2,100.00

**DOCUMENT # F9400005905**

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



Principal Place of Business  
7 WEST SEVENTH ST.  
CINCINNATI, OH 45202

Mailing Address  
C/O FEDERATED CORPORATE SERVICES, INC  
7 WEST SEVENTH ST  
CINCINNATI, OH 45202 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1419869**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DV**  Delete  
NAME **BRODERICK, DENNIS J**  
STREET ADDRESS **7 WEST SEVENTH ST.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **VSD**  Delete  
NAME **SIMS, JOHN R**  
STREET ADDRESS **7 WEST SEVENTH ST.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **D**  Delete  
NAME **BELSKY, JOEL**  
STREET ADDRESS **7 WEST SEVENTH ST.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **CEO**  Delete  
NAME **AMANN, JAMES**  
STREET ADDRESS **6801 GOVERNOR'S LAKE PKWY**  
CITY-ST-ZIP **MASON, OH**

TITLE **V**  Delete  
NAME **GLUECK, NEAL J**  
STREET ADDRESS **7 WEST SEVENTH ST.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **AS**  Delete  
NAME **COX, JACK B**  
STREET ADDRESS **7 WEST SEVENTH ST.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO**  Change  Addition  
NAME **Tom Cole**  
STREET ADDRESS **5985 State Bridge Road**  
CITY-ST-ZIP **Duluth, GA 30097**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Jack B. Cox*

Jack B. Cox, Assistant Secretary

4/15/03 (513) 579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

