

**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 # **F95000000630 (2)**

1. Corporation Name  
**BRISBEN COMPANIES, INC.**



Principal Place of Business: 4750 ASHWOOD DRIVE, SUITE 300 CINCINNATI OH 45241  
Mailing Address: 4750 ASHWOOD DRIVE, SUITE 300 CINCINNATI OH 45241

3. Date Incorporated or Qualified: **02/07/1995**  
3a. Date of Last Report  
4. FE Number: **31-1423170**  
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 **7800 East Kemper Road**  
Suite, Apt. #, etc.  
22  
City & State: **Cincinnati, OH**  
Zip: **45249** Country  
2a. Mailing Address  
26 **7800 East Kemper Road**  
Suite, Apt. #, etc.  
27  
City & State: **Cincinnati, OH**  
Zip: **45249** Country

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  
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 the date) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISBEN, WILLIAM O	1.2 NAME	
STREET ADDRESS	4750 ASHWOOD DR., STE. 300	1.3 STREET ADDRESS	<b>D.P.S.T. WILLIAM O. BRISBEN 7800 East Kemper Road</b>
CITY-ST-ZIP	CINCINNATI OH 45241	1.4 CITY-ST-ZIP	<b>Cincinnati, OH 45249</b>
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, ROBERT E	2.2 NAME	
STREET ADDRESS	4750 ASHWOOD DR., STE. 300	2.3 STREET ADDRESS	<b>ROBERT E. SCHULER 7800 East Kemper Road</b>
CITY-ST-ZIP	CINCINNATI OH 45241	2.4 CITY-ST-ZIP	<b>Cincinnati, OH 45249</b>
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, JEFFREY A	3.2 NAME	
STREET ADDRESS	4750 ASHWOOD DR., STE. 300	3.3 STREET ADDRESS	<del>7800 East Kemper Road</del>
CITY-ST-ZIP	CINCINNATI OH 45241	3.4 CITY-ST-ZIP	<del>Cincinnati, OH 45249</del>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **14/30/96** 513-489-1990  
127104

CR2E034 (12/95)