

2-8-97 1-6-74 NC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 08 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 # F95000004049 (1)
 1. Corporation Name
WESTERN-SOUTHERN AGENCY, INC.

Principal Place of Business: **400 BROADWAY CINCINNATI OH 45202**
 Mailing Address: **400 BROADWAY CINCINNATI OH 45202-3312**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 31-1413821	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent
C T 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. City
84. City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, J.J.	1.2 NAME	
STREET ADDRESS	400 BROADWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1.4 CITY - ST - ZIP	
TITLE	VCTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEENAN, EDWARD S	2.2 NAME	
STREET ADDRESS	400 BROADWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEUBBLING, DONALD J	3.2 NAME	
STREET ADDRESS	400 BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, D C	4.2 NAME	
STREET ADDRESS	400 BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAULBEE, RICHARD K	5.2 NAME	
STREET ADDRESS	400 BROADWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	5.4 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNGER, MARTHA A	6.2 NAME	
STREET ADDRESS	400 BROADWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	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: _____ **4-24-97 (513) 629-1426**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)