

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90011 011 ***150.00

DOCUMENT # F95000004049

1. Entity Name

WESTERN-SOUTHERN AGENCY, INC.

Principal Place of Business

Mailing Address

**400 BROADWAY
 CINCINNATI OH 45202**

**400 BROADWAY
 CINCINNATI OH 45202-3312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1413821

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

044200



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

8. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, J.J.
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI OH
TITLE	VCTD <input type="checkbox"/> Delete
NAME	HEENAN, EDWARD S
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	SD <input type="checkbox"/> Delete
NAME	WEUBBLING, DONALD J
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	V <input type="checkbox"/> Delete
NAME	DRAPER, D C
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	V <input type="checkbox"/> Delete
NAME	TAULBEE, RICHARD K
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	P <input type="checkbox"/> Delete
NAME	DUNN, BRYAN C
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATI OH 45202

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

513-629-1426

Daytime Phone #

CR2E034 (9/99)