

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004371 (9)

1. Corporation Name
THE PROVIDENT BANK, INC.



Principal Place of Business Mailing Address
~~1 S. 4TH ST.~~ ~~1 S. 4TH ST.~~
~~CINCINNATI OH 45202~~ ~~CINCINNATI OH 45202~~

2. Principal Place of Business 2a. Mailing Address
21 One East Fourth Street 26 One East Fourth Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Cincinnati, Ohio 28 Cincinnati, Ohio
24 Zip 45202 25 Country USA 29 Zip 45202 30 Country USA

3. Date Incorporated or Qualified 09/11/1995 3a. Date of Last Report
4. FEI Number 31-0412725 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

9. 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
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ALLEN L	1.2 NAME	Michael K. Gibson
STREET ADDRESS	8255 KROGER FARM RD.	1.3 STREET ADDRESS	6230 Rustler Court
CITY-ST-ZIP	CINCINNATI OH 45243	1.4 CITY-ST-ZIP	Loveland, OH 45140
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, PHILIP R	2.2 NAME	
STREET ADDRESS	8600 BRIDGEWATER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVERSON, ROBERT L	3.2 NAME	
STREET ADDRESS	8700 PIPEWELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRENKOPF, JOHN R	4.2 NAME	
STREET ADDRESS	1351 SUNCREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, JERRY L	5.2 NAME	
STREET ADDRESS	9025 GIVEN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVINO, RICHARD	6.2 NAME	
STREET ADDRESS	621 MEHRING WAY, #2605	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 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: Michael K. Gibson 3/7/96 (513) 579-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day, Month, Year) Daytime Phone #

CR2E034 (12/95)