


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004371

1. Entity Name
THE PROVIDENT BANK, INC.



Principal Place of Business ONE EAST FOURTH STREET % MICHAEL K GIBSON CINCINNATI, OH 45202 US	Mailing Address ONE EAST FOURTH STREET % MICHAEL K GIBSON CINCINNATI, OH 45202 US
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0412725	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC HOVERSON, ROBERT L ONE EAST FOURTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO CAREY, CHRISTOPHER J 7460 GRIFFIN GATE CINCINNATI, OH 45255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GIBSON, MICHAEL K 6230 RUSTLER CT LOVELAND, OH 45140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOK, JACK M. ONE EAST FOURTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROTE, JR., THOMAS D. ONE EAST FOURTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/27/04-80100-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael K. Gibson **MICHAEL K. GIBSON** 4/27/04 513-579-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #