FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08872 (4)

1. Corporation Name
RODEM INC.

Principal Place of Business	Mailing Address
5095 CROOKSHANK RD CINCINNATI OH 45238	5095 CROOKSHANK RD CINCINNATI OH 45238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1986
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 61-0727096 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	C	☒ Change ☐ Addition
NAME	DIENER, ROBERT L.	1.2 NAME		
STREET ADDRESS	2749 FALCONBRIDGE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	CINCINNATI, OH 45238	
TITLE	S	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KERR, SUSAN	2.2 NAME		
STREET ADDRESS	1035 EVERSOLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	CINCINNATI, OH 45230	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	DIENER, HELEN O.	3.2 NAME		
STREET ADDRESS	2749 FALCONBRIDGE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	CINCINNATI, OH 45238	
TITLE	D	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	DIENER, JEFFREY	4.2 NAME		
STREET ADDRESS	4351 HUTCHINSON GLEN	4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	CINCINNATI, OH 45248	
TITLE	D	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DIENER, CHRISTOPHER	5.2 NAME		
STREET ADDRESS	8110 NORTH HOGAN ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA IN 47001	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	S/D	☐ Change ☒ Addition
NAME		6.2 NAME	NANCY D. FINKE	
STREET ADDRESS		6.3 STREET ADDRESS	1035 EVERSOLE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CINCINNATI, OH 45230	

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: x Susan D. Kerr Susan D. Kerr Tres. 3-3-95 513-422-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468731 FP