

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P08872 (4)
1. Corporation Name
RODEM INC.

Principal Place of Business
5095 CROOKSHANK RD
CINCINNATI OH 45238

Mailing Address
5095 CROOKSHANK RD
CINCINNATI OH 45238

FILED
Feb 24 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 01/27/1986	
4. FEI Number 61-0727096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City

10. Name and Address of New Registered Agent	
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	C DIENER, ROBERT L.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2749 FALCONBRIDGE DR	1.2 NAME	
STREET ADDRESS	CINCINNATI OH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD KERR, SUSAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1035 EVERSOLE	2.2 NAME	
STREET ADDRESS	CINCINNATI OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD DIENER, HELEN O.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2749 FALCONBRIDGE DR	3.2 NAME	
STREET ADDRESS	45238NNATI OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD DIENER, JEFFREY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4351 HUTCHINSON GLEN	4.2 NAME	
STREET ADDRESS	CINCINNATI OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD DIENER, CHRISTOPHER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8110 NORTH HOGAN ROAD	5.2 NAME	
STREET ADDRESS	AURORA IN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD FINKE, NANCY D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5449 SIDNEY ROAD	6.2 NAME	
STREET ADDRESS	CINCINNATI OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ DATE 2/2/98

CR2E034 (10/97)