

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001913

**Entity Name:** FIFTH THIRD COMMUNITY DEVELOPMENT CORPORATION**Current Principal Place of Business:**38 FOUNTAIN SQUARE PLAZA  
CINCINNATI, OH 45263**Current Mailing Address:**38 FOUNTAIN SQUARE PLAZA  
CINCINNATI, OH 45263 US**FEI Number:** 35-1788501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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:** TERRY FERRENTINO

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR AND PRESIDENT  
Name CAWTHON, CATHERINE  
Address 5747 PERIMETER DR., STE 253  
City-State-Zip: DUBLIN OH 43017

Title DIRECTOR AND SENIOR VICE  
PRESIDENT  
Name ENSOR, J. SCOTT  
Address 201 NORTH TRYON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR AND SECRETARY  
Name POWELL, MICHAEL  
Address 38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title DIRECTOR  
Name CLIFFEL, ALBERT P III  
Address 38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title DIRECTOR AND SENIOR VICE  
PRESIDENT  
Name HEIN, JOHN  
Address 222 SOUTH RIVERSIDE PLAZA  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name JARK, HEIDI  
Address 38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title DIRECTOR, TREASURER  
Name NALGIRKAR, RAHUL  
Address 38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

Title DIRECTOR  
Name ELLIOT, BYNA  
Address 38 FOUNTAIN SQUARE PLAZA  
City-State-Zip: CINCINNATI OH 45263

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL POWELL**SECRETARY**

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date