

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000000449

Entity Name: CINCINNATI ASSET MANAGEMENT, INC.**Current Principal Place of Business:**345 POTTER RD
W PALM BEACH, FL 33405**Current Mailing Address:**345 POTTER RD
W PALM BEACH, FL 33405**FEI Number:** 31-1264576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CDM
Name	SLONEKER, WILLIAM S
Address	8845 GOVERNORS HILL DR
City-State-Zip:	CINCINNATI OH 45249-3317

Title	D
Name	COMPTON, MARY
Address	8845 GOVERNORS HILL DR
City-State-Zip:	CINCINNATI OH 45249-3317

Title	DPM
Name	HALE, RANDALL S
Address	8845 GOVERNORS HILL DR
City-State-Zip:	CINCINNATI OH 45249-3317

Title	DM
Name	GARDNER, RICHARD J
Address	8845 GOVERNORS HILL DR
City-State-Zip:	CINCINNATI OH 45249-3317

Title	CFO
Name	COLLURA, NICK MARTIN CPA
Address	8845 GOVERNORS HILL DRIVE, SUITE 230
City-State-Zip:	CINCINNATI OH 45249

Title	OFFICER
Name	ADAMS, JOSHUA MARTIN
Address	8845 GOVERNORS HILL DRIVE, SUITE 230
City-State-Zip:	CINCINNATI OH 45249

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: NICK COLLURA**MANAGING DIRECTOR
AND CFO****02/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date