

**2024 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 DPM  
Name HALE, RANDALL S  
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 D  
Name COMPTON, MARY  
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 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 MARTIN COLLURA**MANAGING DIRECTOR  
AND CFO****02/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date