

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000003529

Entity Name: STEED HAMMOND PAUL, INC.**Current Principal Place of Business:**312 PLUM STREET STE 700
CINCINNATI, OH 45202**Current Mailing Address:**312 PLUM STREET STE 700
CINCINNATI, OH 45202 US**FEI Number:** 31-0997825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 SENIOR VP
Name THACKERY, TODD
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP
Name ASH, BRANDI
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP
Name PARKINSON, MICHAEL
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP
Name HENDRICKSON, VERN
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP, CFO
Name SCOTT, JOANNE
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title EXECUTIVE VP
Name JAHNIGEN, CHARLES
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT, CEO
Name SACKENHEIM, JEFFREY
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP
Name MCKENZIE, ALLISON
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

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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: JOANNE SCOTT

VP, CFO

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name MALATESTA, CARRIE
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP
Name GALLOW, JENNY
Address 312 PLUM STREET STE 700
City-State-Zip: CINCINNATI OH 45202

Title VP
Name MCMAHON, SHEA
Address 1086 N 4TH STREET STE 111
City-State-Zip: COLUMBUS OH 43201