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95 MAY -1 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 465184 (0)**

1. Corporation Name  
**FORCE V CORPORATION**

Principal Place of Business      Mailing Address

**312 WALNUT 28 FL  
PO BOX 5380  
CINCINNATI OH 45201  
US**

**312 WALNUT ST. 28TH FLOOR  
P O BOX 5380  
CINCINNATI OH 45201  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**11/19/1974**      **05/01/1994**

4. FEI Number      Applied For

**59-1562028**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      FL      B5 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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVI, MICHAEL A.	1 2 NAME	
STREET ADDRESS	1225 AIRPORT RD	1 3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	1 4 CITY - ST - ZIP	
TITLE	V	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLINI, D. J.	2 2 NAME	
STREET ADDRESS	312 WALNUT ST. 28TH FLOOR	2 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	2 4 CITY - ST - ZIP	
TITLE	T	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFZORN, E JOHN	3 2 NAME	
STREET ADDRESS	312 WALNUT STREET, 28TH FLOOR	3 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESER, L. A.	4 2 NAME	
STREET ADDRESS	312 WALNUT ST. 28TH FLOOR	4 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIPPS, CHARLES E.	5 2 NAME	
STREET ADDRESS	312 WALNUT ST. 28TH FLOOR	5 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	5 4 CITY - ST - ZIP	
TITLE	S	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPRIONIS, M. DENISE	6 2 NAME	
STREET ADDRESS	312 WALNUT STREET, 28TH FLOOR	6 3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *D.J. Castellini*      *D.J. CASTELLINI*      4/28/95      (513) 927-3000

SIGNATURE AND TYPE PRINT OF EACH OF THE SIGNING OFFICERS OR DIRECTOR