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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 465184

(0)

1. Corporation Name

FORCE V CORPORATION

Principal Place of Business

312 WALNUT ST FL  
PO BOX 5360  
CINCINNATI OH 45201  
US

Mailing Address

312 WALNUT ST, 28TH FLOOR  
P O BOX 5360  
CINCINNATI OH 45201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1974

4. FEI Number

59-1562028

Applied For

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME LEVI, MICHAEL A.  
STREET ADDRESS 1225 AIRPORT RD  
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE

V  
NAME CASTELLINI, D. J.  
STREET ADDRESS 312 WALNUT ST, 28TH FLOOR  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE

W  
NAME WOLFZORN, E JOHN  
STREET ADDRESS 312 WALNUT STREET, 28TH FLOOR  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE

L  
NAME LESER, L. A.  
STREET ADDRESS 312 WALNUT ST, 28TH FLOOR  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE

S  
NAME SCRIPPS, CHARLES E.  
STREET ADDRESS 312 WALNUT ST, 28TH FLOOR  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE

K  
NAME KUPRIONIS, M. DENISE  
STREET ADDRESS 312 WALNUT STREET, 28TH FLOOR  
CITY-ST-ZIP CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

Daytime Phone # 0500482

CR2E034 (10/97)