


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90048 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 551890

1. Corporation Name
OBGC CORPORATION



Principal Place of Business ONE E 4TH ST CINN OH 45202 US	Mailing Address C/O THOMAS E. MISCHELL ONE EAST FOURTH STREET, SUITE 800 CINCINNATI OH 45202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 CINCINNATI 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 CINCINNATI 29 Zip 30 Country		3. Date Incorporated or Qualified 11/23/1977
		4. FEI Number 59-1783513		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes the current year Tangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

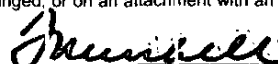
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, HARPER JR	1.2 NAME	
STREET ADDRESS	5000 GASPARILLA ROAD	1.3 STREET ADDRESS	10640 SW 53RD AVENUE
CITY-STATE-ZIP	BOCA GRANDE FL 33921	1.4 CITY-STATE-ZIP	MIAMI, FL 33156
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFE, KARL J	2.2 NAME	
STREET ADDRESS	ONE E. FOURTH ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	2.4 CITY-STATE-ZIP	45202
TITLE	DV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTZ, ROBERT C	3.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	3.4 CITY-STATE-ZIP	45202
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSLER, ROBERT S	4.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45202	4.4 CITY-STATE-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISCHELL, THOMAS E	5.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45202	5.4 CITY-STATE-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNK, FRED J	6.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH 45202	6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:  Thomas E. Mischell
Assistant Treasurer

4/ 80/99 (513) 579-2171

Date Daytime Phone #

CR2E034 (11/98)