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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # P37334 (0)

1. Corporation Name

CORPOREX COMPANIES, INC.

Principal Place of Business

P.O. BOX 75020  
CINCINNATI OH 45275

Mailing Address

P.O. BOX 75020  
CINCINNATI OH 45275



3. Date Incorporated or Qualified  
02/03/1992

3a. Date of Last Report  
04/26/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMEISTER, WILLIAM F  
1075 GILLS DR  
STE 300  
ORLANDO FL 38224

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 P  
NAME BUTLER, WILLIAM P.  
STREET ADDRESS 50 E. RIVER CENTER BL, 12  
CITY-ST-ZIP COVINGTON KY ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME BLACKHAM, J. WILLIAM  
STREET ADDRESS 50 E. RIVER CENTER BL, 12  
CITY-ST-ZIP COVINGTON KY ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AS  
NAME MALOTT, ELVA  
STREET ADDRESS 50 E. RIVER CENTER BL, 12  
CITY-ST-ZIP COVINGTON KY ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS  
NAME KRZYMSKI, RICHARD W  
STREET ADDRESS 50 E RIVER CENTER BLVD SUITE 1200  
CITY-ST-ZIP COVINGTON KY 41011 ☒ DELETE

4.1 TITLE VS  
4.2 NAME Hensley, Thomas E.  
4.3 STREET ADDRESS 50 E. River Center Blvd. Suite 1200  
4.4 CITY-ST-ZIP Covington Ky ☐ Change ☒ Addition

TITLE D  
NAME KLARE, JOHN E  
STREET ADDRESS 50 E RIVER CENTER BLVD SUITE 1200  
CITY-ST-ZIP COVINGTON KY ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V  
NAME BANTA, THOMAS E  
STREET ADDRESS 50 E RIVER CENTER BLVD SUITE 1200  
CITY-ST-ZIP COVINGTON KY 41011 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)