

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 815934**

1. Entity Name  
**THE DAVID J. JOSEPH COMPANY**



Principal Place of Business  
**300 PIKE STREET  
PO BOX 1078  
CINCINNATI, OH 45202 US**

Mailing Address  
**P.O. BOX 1078  
CINCINNATI, OH 45201-1078 US**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-0335330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	EVP
NAME	GOETZ, JAMES H
STREET ADDRESS	300 PIKE ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	EVP
NAME	BAKER, THOMAS B JR
STREET ADDRESS	300 PIKE ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	CT
NAME	MCINTYRE, JERE R.
STREET ADDRESS	300 PIKE ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	PCEO
NAME	GRASS, KEITH B
STREET ADDRESS	300 PIKE ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VPLS
NAME	BEDELL, CHRISTOPHER J
STREET ADDRESS	300 PIKE ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	AS
NAME	MARTIN, EVERETT N
STREET ADDRESS	300 PIKE ST
CITY-ST-ZIP	CINCINNATI, OH 45202

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05/09/06-80077-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Everett N. Martin Assistant Secretary 4-20-06 (513) 419-6019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #