


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 FEB 25 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828557 1. Entity Name REDS, INCORPORATED	
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Principal Place of Business 100 MAIN ST CINCINNATI, OH 45202 US	Mailing Address 100 MAIN ST CINCINNATI, OH 45202 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0621431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LINDNER, C H 100 MAIN ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anthony V. Ward 100 Main Street Cincinnati, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ALLEN, JOHN L 100 MAIN ST CINCINNATI, OH 45202
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01/20/04-80071-017 158.75

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IN THIS SPACE**

Handwritten signature

12. 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 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 807, 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: Anthony V. Ward, SENIOR DIRECTOR OF FINANCE AND ADMINISTRATION CONTROLLER 1/17/04 513-765-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #