

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90013 045 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

40044256

**DOCUMENT # 828557**

1. Entity Name

REDS INCORPORATED

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

100 MAIN STREET

Suite, Apt. #, etc.

City &amp; State

CINCINNATI, OH

City &amp; State

CINCINNATI, OH

4. FEI Number

31-0621431

Applied For

Not Applicable

Zip

45202

Country

Zip

45202

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

City

PLANTATION,

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PCEO	LINDNER, C H	100 MAIN STREET CINCINNATI, OH 45202

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	ST	GRAFE, KARL J.	1 EAST FOURTH STREET SUITE #919 CINCINNATI, OH 45202

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 on an attachment with an address, with all other like empowered.

SIGNATURE:

John L. Allen JOHN L. ALLEN

MARCH 23, 2005 (513) 765-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)