

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

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90008 002 ***150.00

40008199

DOCUMENT # 828557			
1. Entity Name REDS INCORPORATED			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 100 MAIN STREET		3. Mailing Address 100 MAIN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CINCINNATI, OH		City & State CINCINNATI, OH	
Zip 45202	Country	Zip 45202	Country
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	
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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 State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRAFE, KARL J. 1 EAST FOURTH STREET SUITE #919 CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>John L. Allen</u> JOHN L. ALLEN C.O.O. 1/27/06 513 765-7240 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034B (12/01)