

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

**97 MAY -1 PM 2:28**

**DOCUMENT # 830501 (3)**  
1. Corporation Name  
**CINCOM SYSTEMS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2300 MONTANA AVENUE CINCINNATI OH 45211**

Mailing Address  
**2300 MONTANA AVENUE CINCINNATI OH 45211-3829**

<b>3.</b> Date Incorporated or Qualified <b>07/17/1973</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>31-0743387</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>21.</b> Principal Place of Business	<b>2a.</b> Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
<b>22.</b> City & State	<b>27.</b> City & State
Zip	Zip
<b>23.</b> Country	<b>28.</b> Country
<b>24.</b> Zip	<b>29.</b> Zip
<b>25.</b> Country	<b>30.</b> Country

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

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

**10. Name and Address of New Registered Agent**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City  
**FL** **B5** 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 \_\_\_\_\_ (Type, print or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PCO</b> <input type="checkbox"/> DELETE
NAME	<b>NIES, THOMAS M.</b>
STREET ADDRESS	<b>2486 GRANDIN ROAD</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SHAWHAN, GERALD L.</b>
STREET ADDRESS	<b>2973 TIMBERVIEW DR.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARTMAN, ALAN J.</b>
STREET ADDRESS	<b>53 W. VILLA PLACE</b>
CITY-ST-ZIP	<b>FT. THOMAS KY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>300002164243-1</b>
<b>1.3</b> STREET ADDRESS	<b>-05/02/97--01124--006</b>
<b>1.4</b> CITY-ST-ZIP	<b>****165.00 ****165.00</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>Secretary</b>
<b>3.3</b> STREET ADDRESS	<b>Kenneth L. Byrne</b>
<b>3.4</b> CITY-ST-ZIP	<b>2350 Devils Backbone Road</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	<b>Cincinnati, OH 45233</b>
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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 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: *Jerald L Shawhan* **GERALD L SHAWHAN** **4/29/97** 513/662-2300  
Date Daytime Phone

CR2E034 (9/96)