

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90400 026 ***150.00

DOCUMENT # 830501

1. Entity Name
CINCOM SYSTEMS, INC.

Principal Place of Business
**55 MERCHANT ST
 CINCINNATI OH 45246
 US**

Mailing Address
**55 MERCHANT ST
 CINCINNATI OH 45246
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0743387

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO NIES, THOMAS M 2466 GRANDIN ROAD CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAWHAN, GERALD L 2973 TIMBERVIEW DR. CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRNE, KENNETH L 2350 DEVILS BACKBONE ROAD CINCINNATI OH 45233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald L Shawhan, Treasurer *Gerald L Shawhan* 25 APR 02 513/612-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment 830501

CINCOM SYSTEMS, INC.
FY2002 DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY #</u>
Thomas M. Nies	2466 Grandin Road Cincinnati, OH 45208	272-32-5906
Suzanne A. Nies	2466 Grandin Road Cincinnati, OH 45208	283-34-7258
Victoria Nies Dowling	2700 Walsh Road Cincinnati, OH 45208	290-60-6526
Jennifer Nies-McKeever	3688 Kroger Cincinnati, OH 45226	290-60-6727
Thomas M. Nies, Jr.	3029 Ononta Cincinnati, OH 45226	290-60-6497
Eric L. Nies	3832 Country Club Place Cincinnati, OH 45208	290-60-6299