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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 835762

(6)

1. Corporation Name

THE CINCINNATI-VULCAN COMPANY

Principal Place of Business

5353 SPRING GROVE AVENUE
CINCINNATI OH 45217

Mailing Address

5353 SPRING GROVE AVENUE
CINCINNATI OH 45217-1026



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/10/1976

3a. Date of Last Report

03/01/1996

4. FEI Number

31-0241760

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	CURTIS, EVERETT	
STREET ADDRESS	7404 CASTLE PINES LANE	
CITY-ST-ZIP	WESTCHESTER OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CURTIS, REX	
STREET ADDRESS	225 REILY RD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SHEPHERD, TOM	
STREET ADDRESS	5098 WINNETKA	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, J. PATRICK	
STREET ADDRESS	FIFTH THIRD BANK 38 FOUNTAIN SQUARE	
CITY-ST-ZIP	CINCINNATI OH 45263	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURTIS, PATRICIA J	
STREET ADDRESS	7404 CASTLE PINES LANE	
CITY-ST-ZIP	WESTCHESTER OH 45069	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN	
STREET ADDRESS	108 MARSH CREEK RD	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	CURTIS, REX
2.4 CITY-ST-ZIP	141 LINDEN DR CINCINNATI, OH 45215
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Shepherd 4/8/97 242-2672 (573)

CR2E034 (9/96)