

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91064 006 \*\*\*150.00

<b>DOCUMENT # 848997</b>	
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Principal Place of Business 100 E. RIVERCENTER BLVD. STE. 1600 COVINGTON, KY 41011 US	Mailing Address 100 E. RIVERCENTER BLVD. STE. 1500 COVINGTON, KY 41011 US
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34082795



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 31-1001351	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPH	TITLE	
NAME	ERWIN, W. GARY	NAME	
STREET ADDRESS	36 CEDAR BROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ARDMORE, PA 19003	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	HUTTON, E L	NAME	
STREET ADDRESS	6680 MIRALAKE DR	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45243	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	GEMUNDER, JOEL F	NAME	
STREET ADDRESS	5910 SENTINEL RIDGE	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45243	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	MARSH, THOMAS R.	NAME	
STREET ADDRESS	3068 BALSAM COURT	STREET ADDRESS	
CITY-ST-ZIP	EDGEWOOD, KY 41017	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	HODGES, CHERYL D	NAME	
STREET ADDRESS	100 E. RIVERCENTER BLVD., STE 1600	STREET ADDRESS	
CITY-ST-ZIP	COVINGTON, KY 41011	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MCMAMARA, KEVIN J	NAME	
STREET ADDRESS	2958 GRANDIN ROAD	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45208	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley S. Abbott 04/28/2004 859-392-3347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #