7/25/01 859-334-6624

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # FOOOOC	Aug 08 Secre	Aug 08, 2001 8:00 am Secretary of State 08-08-2001 90010 038 ****70.00				
625 EDEN PA	ce of Business	Mailing Address 625 EDEN PARK DRIVE	<u>U</u>	DY -			
STE 300 CINCINNATI C	OH 45202	STE 300 CINCINNATI OH 45202		 			6 (1 (26) (26)
2. Principal F 2365 Suite, Apt.	Place of Business Progress Drive #, etc.	3. Mailing Add Progress Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Hebro	n.KY	City & State Hebron	<i>.K</i> Y	A EEI Number	1-1722699	Ap	plied For t Applicable
Zip 104	48 Country A	41048	CountrySA	5. Certificate of Sta	ius Desired Fe	8.75 Add ee Required	itional
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Addr	ess of New Registered Ag	ent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City			Zip Code	
	·		City		FL_	ZIP CODE	,
After Sept	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be	9. Election Carr Trust Fund C		\$5.00 May Be Added to Fees	Make Check I	of State	
10. TITLE	OFFICERS AND I	DIRECTORS Detete	TITLE	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN Change	
NAME STREET ADDRESS CITY-ST-ZIP	NORRIS, JIM 1580 LOGAN STREET, STE 30 DENVER CO		NAME STREET ADDRESS CITY-ST-ZIP				Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILMINK, JEFFREY K 625 EDEN PARK DRIVE, STE 3 CINCINNATI OH	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	365 Progress Di Ichron, KY 41	_	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Yorio, Vicki F 625 Eden Park Drive, Ste 3 Cincinnati Oh	_	TITLE	RIS Promese	Drive	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSKINS, MICHAEL C 4930 BRADENTON AVE. DUBLIN OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	lebron, KY reasurer nett Fuhr 365 Progress D lebron, KY	rive 41048	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>		_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ÁDDRESS CITY-ST-ZIP			_ Change	Addition
12. I hereby of indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an alid ess	ith this filing does not qualify for is true and accurate and that m powered to execute this report a	the exemption stated y signature shall have as required by Chapte	in Section 119.07(3)(i), Flor e the same legal effect as if er 617, Florida Statutes; and	ida Statutes. I further certify made under oath; that I am that my name appears in E	that the in an officer of Block 10 or	formation or director Block 11 if

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SIGNATURE