

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0147130 AB

DOCUMENT # F02000001047

1. Entity Name
PROVIDENT INVESTMENT ADVISORS, INC.



APPROVED
AND
FILED

03 OCT 24 AM 11:28

Principal Place of Business
ONE EAST FOURTH STREET
CINCINNATI OH 45202

Mailing Address
ONE EAST FOURTH STREET
CINCINNATI OH 45202

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

ONE EAST FOURTH STREET, MS 318B

ONE EAST FOURTH ST., MS 318B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MAIL STOP 318B

MAIL STOP 318B

City & State
CINCINNATI OH

City & State
CINCINNATI, OH

Zip
45202

Country
USA

Zip
45202

Country
USA

4. FEI Number 31-1145943

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DEWEY, DUANE A
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE SVP
NAME MARK E. NAGEE
STREET ADDRESS 1 E. FOURTH ST.
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE V
NAME HARTMAN, ROBERT F
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME RAINES, J. DONALD
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BARRETT, JAMES J
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME FINN, THOMAS L
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT
NAME GIBSON, MICHAEL K
STREET ADDRESS ONE EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-03

513-753-8131

Date

Daytime Phone #

CR2E034 (4/03)