


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F05000002123</b> 1. Entity Name <b>O. N. INVESTMENT MANAGEMENT COMPANY</b>	
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Principal Place of Business <b>ONE FINANCIAL WAY CINCINNATI, OH 45242</b>	Mailing Address <b>ONE FINANCIAL WAY CINCINNATI, OH 45242</b>
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-0784369</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ZAHAREWICZ, EDMUND J 777 BRICKELL AVE, STE 500 MIAMI, FL 33131-2803</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PALMER, JOHN J ONE FINANCIAL WAY CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP SMITH, D. GATES ONE FINANCIAL WAY CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAVERKAMP, MICHAEL F ONE FINANCIAL WAY CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, BARBARA A ONE FINANCIAL WAY CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000860456  
04/02/08-80063-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Barbara A. Turner 3/5/08 5137946658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #