FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # F93000000597 (5)

1. Corporation Name
EPI ASSET MANAGEMENT, INC.

Principal Place of Business
400 BROADWAY
CINCINNATI OH 45202

Mailing Address
400 BROADWAY
CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 02/01/1994
4. FEI Number: XXXXXXXXX 31-0828375 — 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 is not liable for intangible tax under S. 199.032 Florida Statutes: X Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	[ ] Change [ ] Addition
NAME	WILLIAMS, WILLIAM J	1 NAME	
STREET ADDRESS	400 BROADWAY	1 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	[ ] Change [ ] Addition
NAME	BARRETT, JOHN F	2 NAME	
STREET ADDRESS	400 BROADWAY	2 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	[ ] Change [ ] Addition
NAME	CLARK, JAMES N	3 NAME	
STREET ADDRESS	400 BROADWAY	3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	3 CITY-ST-ZIP	
TITLE	PD	4 TITLE	[ ] Change [ ] Addition
NAME	LEDWIN, WILLIAM F	4 NAME	
STREET ADDRESS	400 BROADWAY	4 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4 CITY-ST-ZIP	
TITLE	VD	5 TITLE	[ ] Change [ ] Addition
NAME	SAN MARCO, MARIO J	5 NAME	
STREET ADDRESS	400 BROADWAY	5 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	5 CITY-ST-ZIP	
TITLE	SD	6 TITLE	[ ] Change [ ] Addition
NAME	WUEBBLING, DONALD J	6 NAME	
STREET ADDRESS	400 BROADWAY	6 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 or on an attachment with an address.

SIGNATURE: Timothy D. Speed, Asst Treas. 4/28/95 513-629-1426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0400000 FP