SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** F93000001060 (3) NATIONAL TRANSFER, INC. Mailing Address Principal Place of Business 3330 READING ROAD 3330 READING ROAD CINCINNATI OH 45229 CINCINNATI OH 45229 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 02/15/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 31-1309842 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite. Apt. #. etc. Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zin Zip Yes 🔀 No Florida Statutes 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 82 **PLANTATION FL 33324** 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (FPSE Hor) devel Agent's gristure required when relistating) Sugrantine typical to prictle tinance of rejectional agreet and the diapole according (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TIPLE TITLE 1.2 NAME MAYFIELD, FRANK H JR NAME 3330 READING ROAD 1.3 STREET ADDRESS STREFT ADDRESS 14 CiTY - \$1 - 7IP **CINCINNATI OH 45229** C-TY-ST-ZIF Change Addition DELETE 2.1 THUE THTLE SD 2.2 NAME KELLEY, JOHN J JR NAME 23 STREET ADDRESS 441 VINE STREET STREET ADORESS 2 4 CITY - ST - ZIP CINCINNATI OH 45202 CITY - ST- 7IP Change Addition DELETE 31 TITLE TITLE 3.2 NAME ZUMMO, MARK J 441 VINE STREET, 1400 CARWE TOWER 3.3 STREET ADORESS STREET ADDRESS 3.4 City - St - ZIP CINCINNATI OH 45202 CITY - ST - ZIP Change Addition DELETE 4.1 HILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily form shed and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Brock 12 or Brock 13 it changed for on an attachment with an address

SIGNATURE:

SIGNATURE

SIGNATURE AND PER GARINTED NAME OF SIGNING OFFICER OR DIRECTOR 6.4 CITY - ST - ZIP