

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 MAY 12 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001605 (5)

1. Corporation Name
CPX CONSTRUCTION, INC.



| | |
|--|---|
| Principal Place of Business 655 EDEN PARK DRIVE SUITE 250 CINCINNATI OH 45202 | Mailing Address 655 EDEN PARK DRIVE SUITE 250 CINCINNATI OH 45202-6009 |
|--|---|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 03/30/1993 | 3a. Date of Last Report 11/01/1996 |
|---|---------------------------------------|

| | |
|---|--|
| 2. Principal Place of Business 21 P.O. Box 75020 Suite, Apt. #, etc. 22 City & State Cincinnati OH 23 Zip 45275 Country 24 45275 25 | 2a. Mailing Address 26 P.O. Box 75020 Suite, Apt. #, etc. 27 City & State Cincinnati OH 28 Zip 45275 Country 29 45275 30 |
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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 61-1187405 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|--|-----------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| | |
|--|--|
| 9. Name and Address of Current Registered Agent BAUMEISTER, WILLIAM F 1075 GILLS DR STE 300 ORLANDO FL 38224 | |
|--|--|

| | |
|---|----------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | C <input type="checkbox"/> DELETE |
| NAME | BUTLER, WILLIAM P |
| STREET ADDRESS | 655 EDEN PARK DRIVE |
| CITY - ST - ZIP | CINCINNATI OH 45202 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KLARE, JOHN E |
| STREET ADDRESS | 655 EDEN PARK DRIVE |
| CITY - ST - ZIP | CINCINNATI OH 45202 |
| TITLE | DPT <input type="checkbox"/> DELETE |
| NAME | MOUHOURTIS, JAMES N |
| STREET ADDRESS | 655 EDEN PARK DRIVE |
| CITY - ST - ZIP | CINCINNATI OH 45202 |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | BLACKHAM, J. WILLIAM |
| STREET ADDRESS | 655 EDEN PARK DRIVE |
| CITY - ST - ZIP | CINCINNATI OH 45202 |
| TITLE | VPS <input type="checkbox"/> DELETE |
| NAME | HENSLEY, THOMAS E. |
| STREET ADDRESS | 655 EDEN PARK DRIVE |
| CITY - ST - ZIP | CINCINNATI OH 45202 |
| TITLE | AS <input type="checkbox"/> DELETE |
| NAME | MALOTT, ELVA |
| STREET ADDRESS | 655 EDEN PARK DRIVE |
| CITY - ST - ZIP | CINCINNATI OH 45202 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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05-13-97

14. I do 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 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 if changed, or on an attachment with an address

SIGNATURE:  5/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)