

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90096 026 ***150.00

0566418

DOCUMENT # F93000001605

1. Entity Name

CPX CONSTRUCTION, INC.

Principal Place of Business

**P.O. BOX 75020
CINCINNATI OH 45275**

Mailing Address

**C/O CORPORATE SECRETARY
P O BOX 75020
CINCINNATI OH 45275**

2. Principal Place of Business

100 E RiverCenter Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

City & State

Covington, KY

City & State

Zip

41011

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **61-1187405**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **BUTLER, WILLIAM P**
STREET ADDRESS **100 E RIVERCENTER BLVD SUITE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**TITLE **DPT** ☒ Delete
NAME **CAINS, MYLE**
STREET ADDRESS **100 E RIVERCENTER BLVD SUITE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**TITLE **DVP** ☐ Delete
NAME **BLACKHAM, J. WILLIAM**
STREET ADDRESS **100 E RIVERCENTER BLVD, SUITE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**TITLE **AS** ☐ Delete
NAME **MALOTT, ELVA**
STREET ADDRESS **100 E RIVERCENTER BLVD SUITE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **Martin Butler**
CITY-ST-ZIP **50 E RiverCenter Blvd, Ste 1400**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Covington, KY 41011**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. William Blackham III**4/25/2001****859-292-5507**

Date

Daytime Phone #

CR2E034 (10/00)