

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1996**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # F94000002497 (5)**

1. Corporation Name

Cincinnati Bell Supply Company

Principal Place of Business

Mailing Address

**851 Trafalger Ct.
Maitland, Fl 32751**

2. Principal Place of Business

**P.O. box 2301 Rm102-815
Cincinnati, Oh 45201**

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent**CT Corporation System
1200 S. Pine Island Rd.
Plantation, Fl 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/13/94

3a. Date of Last Report

5/01/95

4. FEI Number

31-1143621

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No**9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

FL

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORSTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
John T. LaMacchia
201 E. Fourth St. Cinti, Oh 45201**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Thomas Revely III
201 E. Fourth St. Cinti, Oh 45201**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Treasurer/Secretary
William H. Zimmer III
201 E. Fourth St. Cinti, Oh 45201**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Controller
Dale L. Howell
1022 Kenner St. Cinti, Oh 45214**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY - ST - ZIP21 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY - ST - ZIP31 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY - ST - ZIP41 TITLE
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY - ST - ZIP
**300001829933
-05/20/96--01059--014
***200.00**51 TITLE
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY - ST - ZIP61 TITLE
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dale L. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/29/96**
Date**513-579-8200**
Daytime Phone #