

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006460 (9)

1. Corporation Name

FEDERATED CORPORATE SERVICES, INC.



Principal Place of Business

Mailing Address

7 WEST SEVENTH STREET
CINCINNATI OH 45202

7 WEST SEVENTH STREET
CINCINNATI OH 45202

2. Principal Place of Business

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

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
03/16/1995

4. FEI Number

31-1419870

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 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BRODERICK, DENNIS J | |
| STREET ADDRESS | 7 WEST SEVENTH STREET | |
| CITY-STATE-ZIP | CINCINNATI OH 45202 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | SIMS, JOHN R | |
| STREET ADDRESS | 7 WEST SEVENTH STREET | |
| CITY-STATE-ZIP | CINCINNATI OH 45202 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | ZIMMERMAN, JAMES M | |
| STREET ADDRESS | 7 WEST SEVENTH STREET | |
| CITY-STATE-ZIP | CINCINNATI OH 45202 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SEPPELT, ROBERT C | |
| STREET ADDRESS | 7 WEST SEVENTH STREET | |
| CITY-STATE-ZIP | CINCINNATI OH 45202 | |
| TITLE | TAS | <input type="checkbox"/> DELETE |
| NAME | HOGUET, KAREN M | |
| STREET ADDRESS | 7 WEST SEVENTH STREET | |
| CITY-STATE-ZIP | CINCINNATI OH 45202 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | COX, JACK B | |
| STREET ADDRESS | 7 WEST SEVENTH STREET | |
| CITY-STATE-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-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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:

Jack B. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Cox

Assistant

Secretary

1/19/96

(513) 579-7311

Date

Daytime Phone #

CR2E034 (12/95)

Federated Corporate Services, Inc.

Directors:

Dennis J. Broderick
John R. Sims
James M. Zimmerman

Officers:

| | |
|---------------------|---------------------------------|
| James M. Zimmerman | Chairman |
| Dennis J. Broderick | President |
| John R. Sims | Vice President & Secretary |
| Robert C. Seppelt | Vice President |
| Gary J. Nay | Vice President |
| Karen M. Hoguet | Treasurer & Assistant Secretary |
| Jack B. Cox | Assistant Secretary |
| Klaus M. Ziermaier | Assistant Secretary |

Address: 7 West Seventh Street
Cincinnati, Ohio 45202