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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
7 WEST SEVENTH STREET
CINCINNATI OH 45202

Mailing Address
7 WEST SEVENTH STREET
CINCINNATI OH 45202-2424

3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 02/01/1996
4. FEI Number 31-1419870	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	BRODERICK, DENNIS J	1.2 NAME	Javosky, Rudolph
STREET ADDRESS	7 WEST SEVENTH STREET	1.3 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP	CINCINNATI OH 45202	1.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	VSD	2.1 TITLE	V
NAME	SIMS, JOHN R	2.2 NAME	Nay, Gary
STREET ADDRESS	7 WEST SEVENTH STREET	2.3 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP	CINCINNATI OH 45202	2.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	CD	3.1 TITLE	AS
NAME	ZIMMERMAN, JAMES M	3.2 NAME	Ziermaier, Klaus
STREET ADDRESS	7 WEST SEVENTH STREET	3.3 STREET ADDRESS	7 West Seventh Street
CITY-ST-ZIP	CINCINNATI OH 45202	3.4 CITY-ST-ZIP	Cincinnati, OH 45202
TITLE	V	4.1 TITLE	
NAME	SEPPELT, ROBERT C	4.2 NAME	
STREET ADDRESS	7 WEST SEVENTH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	TAS	5.1 TITLE	
NAME	HOGUET, KAREN M	5.2 NAME	
STREET ADDRESS	7 WEST SEVENTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	COX, JACK B	6.2 NAME	
STREET ADDRESS	7 WEST SEVENTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	6.4 CITY-ST-ZIP	

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: Jack B. Cox Jack B. Cox, Assistant Secretary 2/10/97 513-579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E034 (9/96)