

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90261 003 *1,800.00

DOCUMENT # F94000006460

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME BRODERICK, DENNIS J
STREET ADDRESS 7 WEST SEVENTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE VSD
NAME SIMS, JOHN R
STREET ADDRESS 7 WEST SEVENTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE CD
NAME ZIMMERMAN, JAMES M
STREET ADDRESS 7 WEST SEVENTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE V
NAME SEPPELT, ROBERT C
STREET ADDRESS 7 WEST SEVENTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE TAS
NAME HOGUET, KAREN M
STREET ADDRESS 7 WEST SEVENTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE AS
NAME COX, JACK B
STREET ADDRESS 7 WEST SEVENTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE V
1.2 NAME Glueck, Neal J.
1.3 STREET ADDRESS 7 West Seventh Street
1.4 CITY-ST-ZIP Cincinnati, Ohio 45202

2.1 TITLE V
2.2 NAME Javosky, Rudolph V.
2.3 STREET ADDRESS 7 West Seventh Street
2.4 CITY-ST-ZIP Cincinnati, Ohio 45202

3.1 TITLE V
3.2 NAME Nay, Gary J.
3.3 STREET ADDRESS 7 West Seventh Street
3.4 CITY-ST-ZIP Cincinnati, Ohio 45202

4.1 TITLE AS
4.2 NAME Ziermaier, Klaus M.
4.3 STREET ADDRESS 7 West Seventh Street
4.4 CITY-ST-ZIP Cincinnati, Ohio 45202

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Jack B. Cox

Jack B. Cox
Assistant Secretary

1/25/99

(513) 579-7311

Date

Daytime Phone #

CR2E034 (1/198)