

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 11 1997 8:00am
Secretary of State

DOCUMENT # F95000000634 (4)

1. Corporation Name

SEASONS MANAGEMENT COMPANY

Principal Place of Business

400 BROADWAY
CINCINNATI OH 45202

Mailing Address

400 BROADWAY
CINCINNATI OH 45202-3312



3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

31-1394779

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	LEDWIN, WILLIAM F	400 BROADWAY	CINCINNATI OH 45202	<input type="checkbox"/>
D	WUEBBLING, DONALD J	400 BROADWAY	CINCINNATI OH 45202	<input type="checkbox"/>
DP	SAN MARCO, MARIO	400 BROADWAY	CINCINNATI OH 45202	<input type="checkbox"/>
DT	CLARK, JAMES N	400 BROADWAY	CINCINNATI OH 45202	<input type="checkbox"/>
V	GROUT, EDWARD W	400 BROADWAY	CINCINNATI OH 45202	<input type="checkbox"/>
AT	TIMOTHY D. SPEED	400 BROADWAY	CINCINNATI OH	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. Speed

3-21-97

513-629-1426

Date

Daytime Phone

0478836

CR2E034 (9/96)