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May 02 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 # F95000000983 (5) 1. Corporation Name CSW MANAGEMENT SERVICES, INC.			
Principal Place of Business 2010 NORTH LOOP WEST, SUITE 210 HOUSTON TX 77018		Mailing Address ONE EAST FOURTH STREET 8TH FLOOR CINCINNATI OH 45202-3717	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/01/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 76-0148645		Applied For 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			
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 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	TATE, JEFFREY S		
STREET ADDRESS	250 EAST FIFTH STREET		
CITY- ST- ZIP	CINCINNATI OH 45202		
TITLE	DVAS	<input type="checkbox"/> DELETE	
NAME	MUETHING, MARK F		
STREET ADDRESS	250 EAST FIFTH STREET		
CITY- ST- ZIP	CINCINNATI OH 45202		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MANEY, WILLIAM J		
STREET ADDRESS	250 EAST FIFTH STREET		
CITY- ST- ZIP	CINCINNATI OH 45202		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	GAYNOR, WILLIAM T JR		
STREET ADDRESS	440 MT. RUSHMORE ROAD		
CITY- ST- ZIP	RAPID CITY SD 57701		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	STREETMAN, JOHN A		
STREET ADDRESS	440 MT. RUSHMORE ROAD		
CITY- ST- ZIP	RAPID CITY SD 57701		
TITLE	VC	<input type="checkbox"/> DELETE	
NAME	STREETMAN, JOHN A		
STREET ADDRESS	1225 ROBERTS BLVD., SUITE 206		
CITY- ST- ZIP	KENNESAW GA 30144		
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- ST- ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS	1201 Roberts Boulevard		
5.4 CITY- ST- ZIP	Kennesaw GA 30144		
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	Assistant Treasurer		
6.3 STREET ADDRESS	Mischell, Thomas E.		
6.4 CITY- ST- ZIP	One East Fourth Street - 8th Floor Cincinnati, OH 45202		
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: _____		Thomas E. Mischell Assistant Treasurer 4/26/97 (513) 579-2171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)