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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90049 044 \*\*\*150.00

DOCUMENT # F95000000983

1. Corporation Name

CSW MANAGEMENT SERVICES, INC.



Principal Place of Business

440 NT RUSHMORE ROAD  
RAPID CITY SD 57701  
US

Mailing Address

ONE EAST FOURTH STREET  
8TH FLOOR  
CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

76-0148645

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

21 250 East Fifth Street

Suite, Apt. #, etc.

22

City & State  
23 Cincinnati, OH

Zip Country  
24 45202 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country  
29 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

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 DC  
NAME TATE, JEFFREY S  
STREET ADDRESS: 250 EAST FIFTH STREET  
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D  
NAME MUETHING, MARK F  
STREET ADDRESS: 250 EAST FIFTH STREET  
CITY-ST-ZIP CINCINNATI OH 45202

TITLE T  
NAME MANEY, WILLIAM J  
STREET ADDRESS: 250 EAST FIFTH STREET  
CITY-ST-ZIP CINCINNATI OH 45202

TITLE S  
NAME GAYNOR, WILLIAM T JR  
STREET ADDRESS: 440 MT. RUSHMORE ROAD  
CITY-ST-ZIP RAPID CITY SD 57701

TITLE PD  
NAME STREETMAN, JOHN A  
STREET ADDRESS: 1201 ROBERTS BLVD  
CITY-ST-ZIP KENNESAW GA 30144

TITLE AT  
NAME MISCHELL, THOMAS E  
STREET ADDRESS: ONE EAST FOURTH STREET  
CITY-ST-ZIP CINCINNATI OH 45202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCP ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DSVS ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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(1)(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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell  
Assistant Treasurer

4/ 20/99

Date

(513) 579-2171

Daytime Phone #

CR2E034 (1/198)