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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000000984 (3)**

1. Corporation Name

LAURENTIAN CREDIT SERVICES CORPORATION



Principal Place of Business

**440 MT. RUSHMORE ROAD
RAPID CITY SD 57701**

Mailing Address

**ONE EAST FOURTH STREET
8TH FLOOR
CINCINNATI OH 45202-3717**

3. Date Incorporated or Qualified
03/01/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

23-2788961

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 **25** Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

29

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 file, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STREETMAN, JOHN A**
STREET ADDRESS **1225 ROBERTS BLVD, SUITE 208**
CITY-ST-ZIP **KENNESAW GA 30144**

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

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

TITLE **DC** ☐ DELETE
NAME **TATE, JEFFREY S**
STREET ADDRESS **250 EAST FIFTH STREET**
CITY-ST-ZIP **CINCINNATI OH 45202**

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

TITLE **AT** ☐ DELETE
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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1201 Roberts Boulevard**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 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, A-22/07

(513) 579-2171

CR2E034 (9/96)