

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

23-2788961

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
STREETMAN, JOHN A  
1201 ROBERTS BLVD.  
KENNESAW GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MUETHING, MARK F  
250 EAST FIFTH STREET  
CINCINNATI OH 45202

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
GAYNOR, WILLIAM T JR  
440 MT. RUSHMORE ROAD  
RAPID CITY SD 57701

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DC  
TATE, JEFFREY S  
250 EAST FIFTH STREET  
CINCINNATI OH 45202

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
MANEY, WILLIAM J  
250 EAST FIFTH STREET  
CINCINNATI OH 45202

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AT  
MISCHELL, THOMAS E  
ONE EAST FOURTH STREET  
CINCINNATI OH 45202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

30144

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☒ Change ☐ Addition

8TH FLOOR

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.

SIGNATURE

Thomas E. Mischell

Assistant Treasurer

4-23-98

(513) 530-2131

CR2E034 (10/97)