PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000984

LAURENTIAN CREDIT SERVICES CORPORATION

Principal Place of Business
440 MT. RUSHMORE ROAD
RAPID CITY SD 57701

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90049 043 ***150.00

440 MT. RUSHMORE ROAD RAPID CITY SD 57701		ONE EAST FOURTH STREET 8TH FLOOR CINCINNATI OH 45202				DO NOT WRITE IN THIS SPACE				
						ncorporated or Qualifed 1/1995				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI N	urnber		Ap	pi ed For	
250 Ea	st Fifth Street	26			23-27	788961		No	t /\pplicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifo	5. Certificate of Status Desired 5. Certificate of Status Desired 5. Fee Requi				
City & State		City & State			6. Electic	or Campaign Financing		\$5.00	May Be	
23 Cincinnati, OH		28		Trust I	Fund Contribution		Added t	o Fees		
Zip Country		Zip Country		8. This c	o poration owes the cu	rrent year Int	angible			
24 4520? 25 US		29 30		Person	nal Property Tax.		☐ Yes .	[≥]No		
• · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name	and Address of New	Registered	Agent		
			81	Name						
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD	82		Street	eet Ad Iress (P.O. Box Number is Not Acceptable)					
,	ITATION FL 33324		83							
			84	City			FL	85 Zip 0	⊃c de	
	to the provisions of Sections 607.050	1007.4500.51			as paration subm	it this statement for th		changing its	runistered	
office o r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was at	itnorized by	ine corbo	oration's board of	d rectors. I hereby acco	ept the app of	ntment as re	gistered	
SIGNATURE		Aloti.	Basistand Aca	ot monature r	egu red when reinstating	<u>, </u>	DATE			
12.	Signature, typed or printed nar ie of registered ager	C DIRECTORS	13.	it organization		C NS/CHANGES TO O	FFICERS / N	ID DIRECTO	RS IN 12	
TITLE	PD	X DELETE	1 1 TITLE					Change	Addition	
	STREETMAN, JOHN A	<u></u>	1.2 NAME						ı	
NAME				T ADDRESS					i	
STREET ADDRESS	1201 ROBERTS BLVD.		1							
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP				Change	Addition	
TITLE	D	☐ DELETE								
NAME	MUETHING, MARK F		2.2 NAME							
STREET ADDRE: 35	250 EAST FIFTH STREET			TADDRESS						
CITY-ST-ZIP	CINCINNATI OH 45202		2.4 CITY-	ST-ZIP				[X] Change	Addition	
TITLE	S	☐ DELETÉ	3.1 TITLE					[A] Change	Addition	
NAME	GAYNOR, WILLIAM T JR		3.2 NAME						!	
STREET ADORE IS	ADDRESS 440 MT. RUSHMORE ROAD		3.3 STREE	TADDRESS	525 VINE S					
CITY-ST-ZIP	RAPID CITY SD 57701		3 4, CITY-	ST-ZIP	CINCINNATI	OH 45202				
TITLE	DC	☐ DELETÉ	41 TITLE		DCP			X Change	Addition	
NAME	TATE, JEFFREY S		4. 2 NAME							
STREET ADDRESS	250 EAST FIFTH STREET 4		4 3 STREE	TADDRESS						
CITY-ST-ZIP	CINCINNATI OH 45202		4.4 CITY-5	iT-ZIP						
TITLE	Т	☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME	MANEY, WILLIAM J		5.2 NAME						i	
STREET ADDRESS	250 EAST FIFTH STREET		5.3 STREE	T ADDRESS						
CITY-ST-ZIP	CINCINNATI OH 45202		5.4 CITY-5	T-ZIP						
TITLE	AT	☐ DELETE	6.1 TITLE	-		·-		Change	☐ Addition	
NAME	MISCHELL, THOMAS E		62 NAME							
STREET ADDRESS	**** *** ******* *******	TH FLOOR	6.3 STREE	T ADDRESS	1					

CINCINNATI OH 45202 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(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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Thomas E. Mischell