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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000004371 (9)

1. Corporation Name

THE PROVIDENT BANK, INC.



Principal Place of Business

Mailing Address

~~1 S. 4TH ST.~~  
~~CINCINNATI OH 45202~~

~~1 S. 4TH ST.~~  
~~CINCINNATI OH 45202~~

2. Principal Place of Business

2a. Mailing Address

21 One East Fourth Street

26 One East Fourth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Cincinnati, Ohio

28 Cincinnati, Ohio

24 Zip

45202

25 Country

USA

29 Zip

45202

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 not standing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME PDCE  
STREET ADDRESS DAVIS, ALLEN L  
CITY - ST - ZIP 8255 KROGER FARM RD.  
CINCINNATI OH 45243 ☐ DELETE

1.1 TITLE V ☐ Change ☒ Addition  
1.2 NAME Michael K. Gibson  
1.3 STREET ADDRESS 6230 Rustler Court  
1.4 CITY - ST - ZIP Loveland, OH 45140

TITLE  
NAME PD  
STREET ADDRESS MYERS, PHILIP R  
CITY - ST - ZIP 8600 BRIDGEWATER LANE  
CINCINNATI OH 45243 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME V  
STREET ADDRESS HOVERSON, ROBERT L  
CITY - ST - ZIP 8700 PIPEWELL RD.  
CINCINNATI OH 45243 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME VCFO  
STREET ADDRESS FARRENKOPF, JOHN R  
CITY - ST - ZIP 1351 SUNCREST DR.  
CINCINNATI OH 45202 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME VT  
STREET ADDRESS GRACE, JERRY L  
CITY - ST - ZIP 9025 GIVEN RD.  
CINCINNATI OH 45243 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME V  
STREET ADDRESS GRAVINO, RICHARD  
CITY - ST - ZIP 621 MEHRING WAY, #2605  
CINCINNATI OH 45202 ☐ DELETE

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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:

*Michael K. Gibson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (513) 579-2767  
Daytime Phone #

CR2E034 (12/95)