

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004371 (9)
 1. Corporation Name
THE PROVIDENT BANK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE EAST FOURTH STREET CINCINNATI OH 45202 US	Mailing Address ONE EAST FOURTH STREET C/O MICHAEL D GIBSON CINCINNATI OH 45202 US
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3. Date Incorporated or Qualified
09/11/1995

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
					C/O Michael K. Gibson				

4. FEI Number
31-0412725

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALLEN L	1.2 NAME	
STREET ADDRESS	8255 KROGER FARM RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, PHILIP R	2.2 NAME	
STREET ADDRESS	8600 BRIDGEWATER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVERSON, ROBERT L	3.2 NAME	
STREET ADDRESS	8700 PIPEWELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	3.4 CITY-ST-ZIP	
TITLE	VCFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRENKOPF, JOHN R	4.2 NAME	
STREET ADDRESS	1351 SUNCREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, JERRY L	5.2 NAME	
STREET ADDRESS	9025 GIVEN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVINO, RICHARD	6.2 NAME	
STREET ADDRESS	621 MEHRING WAY, #2605	6.3 STREET ADDRESS	Gibson, Michael K.
CITY-ST-ZIP	CINCINNATI OH 45202	6.4 CITY-ST-ZIP	6230 Rustler Court Laveland, OH 45140

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 *Michael K. Gibson* 4-23-98 (112) (79-2767)

CR2E034 (10/97)