CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am § Secretary of State, DOCUMENT # F95000004371 1. Entity Name 02-05-2002 90135 011 ***150.00 THE PROVIDENT BANK, INC. Principal Place of Business Mailing Address ONE EAST FOURTH STREET ONE EAST FOURTH STREET % MICHAEL K GIBSON % MICHAEL K GIBSON CINCINNATI OH 45202 CINCINNATI OH 45202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 31-0412725 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) む対象は製造には異常のFRICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. · 12. VD WAR THE T ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME MYERS, PHILIP R STREET ADDRESS STREET ADDRESS ONE EAST FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45202 ☐ Change ☐ Addition Delete TITLE PDC TITLE HOVERSON, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS ONE EAST FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45202** Addition TITLE VCFO ☐ Delete TITLE Change NAME CAREY, CHRISTOPHER J NAME STREET ADDRESS STREET ADDRESS 7460 GRIFFIN GATE CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45255** TITLE ☐ Delete ☐ Change ☐ Addition NAME GIBSON, MICHAEL K NAME STREET ADDRESS STREET ADDRESS 6230 RUSTLER CT. CITY-ST-ZIP CITY-ST-ZIP LOVELAND OH 45140: DYFFEL FATE VE TITLE ☐ Delete TITLE Change ■ Addition COOK, JACK M. NAME NAME STREET ADDRESS STREET ADDRESS ONE EAST FOURTH STREET CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45202 TITLE ☐ Delete TITLE ☐ Addition NAME GROTE, JR., THOMAS D. NAME ONE EAST FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45202** 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.