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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000006199 (2)

1. Corporation Name

RETIREMENT RESOURCES GROUP, INC.

Principal Place of Business

250 EAST FIFTH STREET
CINCINNATI OH 45202

Mailing Address

C/O THOMAS E MISCHELL
ONE EAST FOURTH STREET - 8TH FLOOR
CINCINNATI OH 45202-3717

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

31-1428240

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

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

Sign and type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRISON, PATRICIA L	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	HARRISON, HAROLD J	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	CLOS	<input type="checkbox"/> DELETE
NAME	MUETHING, MARK	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	MANEY, WILLIAM J	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LIGUZINSKI, THOMAS K	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLAIR, WILLIAM	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mischell, Thomas E.	
1.3 STREET ADDRESS	One East Fourth Street - 8th Floor	
1.4 CITY-ST-ZIP	Cincinnati, OH 45202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bair, William C.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell
Assistant Treasurer

4/22/97

Date

(513) 579-2171

Daytime Phone #

0478598

CR2E034 (9/96)