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

Mailing Address

C/O THOMAS E MISCHELL

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

250 EAST FIFTH STREET

1

with a separate



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F95000006199 (2) DOCUMENT #

RETIREMENT RESOURCES GROUP, INC.

CINCINNATI OH 45202 ONE EAST FOURTH STREET - 8TH FLOOR CINCINNATI OH 45202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 31-1428240 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes No 24 25 29 Personal Property Tax due June 30. 30 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 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** คว 65 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** Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change X Addition TITLE 1.1 TITLE AT HARRISON, PATRICIA L MISCHELL, THOMAS E. NAME 1.2 NAME 250 EAST FIFTH STREET ONE EAST FOURTH STREET 8TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS CINCINNATI OH 45202 CINCINNATI, OH 45202 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE HARRISON, HAROLD J 2.2 NAME **250 EAST FIFTH STREET** STREET ADDRESS 2.3 STREET ADDRESS **CINCINNATI OH 45202** 2. 4 CITY - ST - ZIP CITY-ST-ZIP CLOS DELETE **X** Change Addition TITLE 3.1 TITLE SRVSD MUETHING, MARK NAME 3.2 NAME MUETHING, MARK F. 250 EAST FIFTH STREET STREET ADDRESS 3.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE SRVTD MANEY, WILLIAM J NAME 4. 2 NAME MANEY II, WILLIAM J. 250 EAST FIFTH STREET STREET ADDRESS 4.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIP 4.4 CITY-ST-ZIP CEOV DELETE ¥ Change \_\_\_ Addition TITLE 5.1 TITLE SRVCEOD LIGUZINSKI, THOMAS K NAME 5.2 NAME 250 EAST FIFTH STREET STREET ADDRESS 5.3 STREET ADDRESS **CINCINNATI OH 45202** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE X Change Addition TITLE 6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BAIR, WILLIAM C

**CINCINNATI OH** 

250 EAST FIFTH STREET

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 suppliemental 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 in the analysis of the corporation of the corpora Thomas E. Mischell Acceptant Treasurer

6.2 NAME

6.3 STREET ADDRESS

4/20 /98

BAIR, JR., WILLIAM C.

(513) 579-2171

**FILED** 

Apr 30 1998 8:00am

Secretary of State

45202