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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006199

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AT
NAME MISCHELL, THOMAS E
STREET ADDRESS ONE EAST FOURTH STREET, 8TH FLOOR
CITY-ST-ZIP CINCINNATI OH 45202

TITLE SRV
NAME HARRISON, HAROLD J.
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE SRVD
NAME MUETHING, MARK F
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE SRVT
NAME MANEY II, WILLIAM J
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE SRVD
NAME LIGUZINSKI, THOMAS K
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE V
NAME BAIR, JR WILLIAM C
STREET ADDRESS 250 EAST FIFTH STREET
CITY-ST-ZIP CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME HARRISON, PATRICIA L.
1.3 STREET ADDRESS 250 EAST FIFTH STREET
1.4 CITY-ST-ZIP CINCINNATI, OH 45202

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

3.1 TITLE SRVSD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SRVTD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SRVCEOD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 45202

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell
Assistant Treasurer

4/20/99

(513) 579-2171

Date

Daytime Phone #

CR2E034 (1/98)