

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006199

1. Entity Name

RETIREMENT RESOURCES GROUP, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90024 015 ***150.00

Principal Place of Business

Mailing Address

250 EAST FIFTH STREET
CINCINNATI OH 45202

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

830910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1428240

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/C
Nyhart, Malott W.
250 East Fifth Street
Cincinnati, OH 45202 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV/D/S ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BAIR, JR WILLIAM C
250 EAST FIFTH STREET
CINCINNATI OH 45202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Thomas E. Mischell

Thomas E. Mischell, Assistant Treasurer

4/5/2000

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)