

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 09 1997 8:00am
Secretary of State

DOCUMENT # F96000002965 (9)

1. Corporation Name

GALIC DISBURSING COMPANY



Principal Place of Business

250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

Mailing Address

250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

4. FEI Number

31-1412013

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 ☐ DELETE

NAME PD
STREET ADDRESS MANEY, WILLIAM J
CITY-ST-ZIP 250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

TITLE ☒ DELETE

NAME V
STREET ADDRESS GREENE, A R
CITY-ST-ZIP 250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS MUETHING, MARK F
CITY-ST-ZIP 250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

TITLE ☐ DELETE

NAME VD
STREET ADDRESS TATE, JEFFRY S
CITY-ST-ZIP 250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

TITLE ☐ DELETE

NAME T
STREET ADDRESS MILANO, CHRISTOPHER P
CITY-ST-ZIP 250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

TITLE ☐ DELETE

NAME AT
STREET ADDRESS MISCHHELL, THOMAS E
CITY-ST-ZIP 250 EAST FIFTH STREET, STE. 1000
CINCINNATI OH 45202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 recorder 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

CR2E034 (4/97)