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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # F 96000002965

1. Corporation Name

GALIC DISBURSING COMPANY

Principal Place of Business

250 EAST FIFTH STREET
SUITE 1000, CHIQUITA BUILDING
CINCINNATI, OH 45202

Mailing Address

C/O THOMAS E. MISCHELL
ONE EAST FOURTH STREET - 8TH FL
CINCINNATI, OH 45202

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **5/31/94**

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

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 _____ (If changing Registered Agent, signature required when completing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANEY II, WILLIAM J.		1.2 NAME	
STREET ADDRESS	250 EAST FIFTH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MUETHING, MARK F.		2.2 NAME	
STREET ADDRESS	250 EAST FIFTH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TATE, JEFFREY S.		3.2 NAME	
STREET ADDRESS	250 EAST FIFTH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORTENSEN, JAMES M.		4.2 NAME	
STREET ADDRESS	250 EAST FIFTH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MISCHELL, THOMAS E.		5.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET - 8TH FLOOR		5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MILIANO, CHRISTOPHER P.		6.2 NAME	
STREET ADDRESS	250 EAST FIFTH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45202		6.4 CITY-ST-ZIP	

5/27

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14. I hereby certify that the business 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 requests to be kept confidential 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 above, or on an attachment with all other like empowered.

SIGNATURE: Thomas E. Mischell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell
Assistant Treasurer

4/ **22**/98 — Date

(513) 579-2171 — Daytime Phone Number

CR2E034 (10/97)