Mailing Address

PROFIT CURPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002965

1. Corporation Name

Principal Place of Business

GALIC DISBURSING COMPANY

| 250 EAST FIFTH STREET SUITE 1000. CHIQUITA BUILDING CINCINATTI ()H 45202 | | C/O THOMAS E. MISCHELL ONE EAST FOURTH STREET - 8TH FLOOR CINCINNATI OH 45202 | | | DO NOT WRITE IN THIS SPACE 3. Date In corporated or Qualifed 06/13/1996 | | | |
|--|---|---|------------------|------------------|---|---------------------------------------|----------------|----------------|
| 2 Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Nur | | | Applied For |
| | | 26 | | 31-1412013 | | <u> </u> | Not Applicable | |
| 21 Suite, Ar t. #, etc. | | Suite, Apt. #, etc. | | | | 5 Additional | | |
| 22 | | 27 | | 5. Certifcati | e of Status Desired | Fee | Required | |
| City & State | | City & State | | | 6. Election | 6. Electior Campaign Financing 55.00 | | 00 N ay Be |
| 23 CINCINNATI | | 28 | 28 | | Trust Fu | Trust Fund Contribution Added to Fees | | |
| Zip Country | | Zip | Zip Country | | 8. This co | poration owes the current year | ar Intangible | |
| 24 | 25 29 30 | | 30 | | Personal | Property Tax. | Yes | [k]No |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name a | nd Address of New Registe | ered Agent | |
| | CORROR LEIGH OVOTELL | | | 81 Name | | | | |
| C T CORPORATION SYSTEM | | | | 82 Street | Address (P.O. Box | Number is Not Acceptable) | | |
| |) South Pine Island Road Ntation FL 33324 | | | | | | | |
| PLA | TATION FL 33324 | | | 83 | | | | |
| | | | ľ | 84 City | | | FI_ 85 Z | lip Ccde |
| | to the provisions of Sections 607.0502 | 2 d COZ 4508 Flacido Cho | tutaa tha ab | aua samad | corporation submits | | | its registered |
| office of f | egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida. Such change was | s authorized | by the corp | ora ion's board of d | ectors. I hereby accept the a | appointment as | registered |
| SIGNATURE | Signature, typed or printed nan e of registered agen | t and title of applicable (NC | OTF Registered A | oent signature i | equi ed when reinstating) | DAT | TE | |
| 12. | OFFICERS AN | | 13. | gorn alguarara | | NS/CHANGES TO OFFICER | S AND DIREC | TOR 3 IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITL | E | | | [X] Chang | ge Addition |
| NAME | MANEY, WILLIAM J | | 1.2 NAV | Æ | | | | |
| STREET ADDRESS | 250 EAST FIFTH STREET, STE. | . 1000 | 1.3 STF | EET ADDRESS | | | | |
| CITY-ST-ZIP | CINCINATTI OH 45202 | | 1.4 C/T | /-ST-ZIP | CINCINNATI | | | |
| TITLE | DVS | DELETE | 2.1 TITL | | <u> </u> | | [X] Chan | ge Addition |
| NAME | MUETHING, MARK F | | 2.2 NA | 1E | | | | |
| STREET ADDRESS | 250 EAST FIFTH STREET | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | CINCINATTI OH 45202 | | | Y-ST-ZIP | CINCINNATI | | | |
| TITLE | DV | ☐ DELETE | 3.1 TITI | | | | X Chang | ge 🔲 Addition |
| NAME | TATE, JEFFREY S | | 3.2 NAI | Æ. | | | | |
| STREET ADDRESS | 250 EAST FIFTH STREET | | 1 | EET ADDRESS | | | | |
| CITY-ST-ZIP | CINCINATTI OH 45202 | | | Y-ST-ZIP | CINCINNATI | | | |
| TITLE | V | DELETE | 4.1 TITI | | | | (X) Chan | ge Addition |
| NAME | MORTENSEN, JAMES M | | 4. 2 NA | ME | | | | |
| STREET ADDRES | 250 EAST FIFTH STREET | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | CINCINATTI OH 45202 | | 1 | r-st-zip | CINCINNATI | | | |
| TITLE | AT | ☐ DELETE | 5.1 TITI | | | | Chan | nge Addition |
| NAME | MISCHELL. THOMAS E | | 5.2 NAI | | İ | | | |
| STREET ADDRES | ONE EAST FOURTH STREET - | 8TH FLOOR | 5 3 STF | EET ADDRESS | | | | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | | 5.4 CIT | Y-ST-ZIP | | | | |
| TITLE | T | DELETE | 6.1 TITI | E | | | X Chan | ge Addition |
| NAME | MILIANO, CHRISTOPHER P | | 6.2 NAJ | Æ | | | | |

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 a nual report is true and accurate and that my signature shall have the same legal effect as if made uniterior 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 13 or Block 13 if changed.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

STREET ADDRES 3

CITY-ST-ZIP

250 EAST FIFTH STREET

CINCINATTI OH 45202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell Assistant Treasurer

CINCINNATI

(513) 579-2171

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90049 042 ***150.00