2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # F96000002965 1. Entity Name				HILED HETARY OF STATE HESION OF CORPORATION:		
GALIC DISBURSING COMPANY				00 OCT 17 PM 2: 02		
Principal Place of Business 250 East Fifth Street c/o Thomas E Suite 1000 Chiquita Bldg. One East Four Cincinnati, OH 45202 Cincinnati, O			cth St-8th fl		. •	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 31–1412013	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registers	d Agent	
Name .						
-	oration System uth Pine Island Road		Street Addre	(P.O. Box Number is Not Acceptable)		
Plantation, FL 33324						
	·		City	· F	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						
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:\$550.00 After SEPTEMBER 13, 2000 Min: will be \$750 Make Check Payable to Department of State				State	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD .	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	Maney, William J.		NAME Street address			
STREET ADDRESS CITY-ST-ZIP	250 East Fifth St. S		CITY-ST-ZIP		:>0S7	
	Cincinnati, OH 4520 DVS	☐ Delete	TITLE	600003440 -10/26/00	i E 1 i E 44 O Canuci I C. Z. I AUGILIUII I	
NAME	Muething, Mark F.			-10/20/00 *****61.25	*****61.25	
STREET ADDRESS	250 East Fifth St.		STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	Cincinnati, OH 4520	12	CITY-ST-ZIP		<u></u>	
TITLE	DV	☐ Delete	TITLE		Change Addition	
NAME	Tate, Jeffrey S.		NAME STREET ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP	250 East Fifth St.	10	CITY-ST-ZIP	•		
TITLE	<u>Cincinnati, OH 4520</u> AT		TITLE		☐ Change ☐ Addition	
NAME	Mischell, Thomas E.	<u> </u>	NAME			
STREET ADDRESS	One East Fourth St.	- 8th fl:	STREET ADDRESS CITY-ST-ZIP	1. \20		
CITY-ST-ZIP	Cincinnati, UH 45202			<u> </u>		
TITLE	T	☐ Delete	TITLE	16 1.21	Change Addition	
NAME STREET ADDRESS	Miliano, Christopher	P.	NAME STREET ADDRESS	ψ		
CITY-ST-ZIP	250 East Fifth St. Cincinnati, OH 4520	12	CITY-ST-ZIP	•		
TITLE	V V	X Delete	TITLE		☐ Change ☐ Addition	
NAME	Mortensen, James M.		NAME		•	
STREET ADDRESS	250 East Fifth St.		STREET ADDRESS			
CITY-ST-ZIP	Cincinnati, OH 4520	12	CITY-ST-ZIP	2.0.000		
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.						

William J. Maney, President & Director 513-357-3304 SIGNATURE: WWW. Marcy 10/6/06
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #