

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90009 001 \*\*\*150.00

DOCUMENT # F98000005083

1. Corporation Name

FUND EVALUATION GROUP PORTFOLIO SERVICES, INC.

Principal Place of Business

W. FOURTH ST., SUITE 810  
CINCINNATI OH 45202

Mailing Address

205 W. FOURTH ST., SUITE 810  
CINCINNATI OH 45202



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1998

4. FEI Number

31-1394602

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

30

Country

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

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	PSD	<input type="checkbox"/> DELETE
NAME	PENN, DANIEL J	
STREET ADDRESS	205 W. FOURTH ST., SUITE 810	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	DIAMOND, FREDERICK J	
STREET ADDRESS	205 W. FOURTH ST., SUITE 810	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARSH, SCOTT B	
STREET ADDRESS	205 W. FOURTH ST., SUITE 810	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPOR, STEVEN M	
STREET ADDRESS	205 W. FOURTH ST., SUITE 810	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, CHRISTOPHER M	
STREET ADDRESS	205 W. FOURTH ST., SUITE 810	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENJAMIN, BRUCE A	
STREET ADDRESS	205 W. FOURTH ST., SUITE 810	
CITY-ST-ZIP	CINCINNATI OH 45202	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Price, Gary R.
1.3 STREET ADDRESS	205 W. Fourth St Suite 810
1.4 CITY-ST-ZIP	Cincinnati, OH 45202
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Wood, Rebecca S.
2.3 STREET ADDRESS	205 W. Fourth St. Suite 810
2.4 CITY-ST-ZIP	Cincinnati, OH 45202
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Hummel, William
3.3 STREET ADDRESS	205 W. Fourth St. Suite 810
3.4 CITY-ST-ZIP	Cincinnati, OH 45202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Fredrick J. Diamond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

513-977-4400

CR2E034 (11/98)