

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 11, 1999 8:00 am
Secretary of State

05-11-1999 90045 036 ***150.00

DOCUMENT # F98000006430

1. Corporation Name
TALBOT HOLDINGS, LTD., INC.

Principal Place of Business
6030 CAREY DR.
VALLEY VIEW OH 44125-4218

Mailing Address
6030 CAREY DR.
VALLEY VIEW OH 44125-4218



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1998	
4. FEI Number 25-1669807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 4701 Marburg Ave.
22 City & State	27 Dept. 770
23 Zip	28 Cincinnati, OH
24 Country	29 Zip 45209
25	30

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIE, JAMES R	1.2 NAME	See Attached Statement
STREET ADDRESS	31700 RESEARCH PARK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON HEIGHTS MI 48071	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, ALAN L	2.2 NAME	President
STREET ADDRESS	4701 MARBURG AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45209	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, ROBERT C	3.2 NAME	
STREET ADDRESS	6030 CAREY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY VIEW OH 44125-4218	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, DAVID R	4.2 NAME	
STREET ADDRESS	4701 MARBURG AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45209	4.4 CITY-ST-ZIP	
TITLE	ATAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIENESCH, ROBERT P	5.2 NAME	
STREET ADDRESS	4701 MARBURG AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45209	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, WAYNE F	6.2 NAME	Secretary O'Donnell, Hugh C. 4701 Marburg Ave. Cincinnati, OH 45209
STREET ADDRESS	4701 MARBURG AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45209	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: *Thomas A. Smith* THOMAS A. SMITH 4/28/99 513-841-8268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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TALBOT

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NAME	OFFICERS	RESIDENTIAL ADDRESS
James R. Christie	Chairman of the Board	Director
Alan L. Shaffer	Vice-Chairman of the Board	Director
R.C. McKee	President	1127 Suffield Ave. Birmingham, MI 48009
D.R. Dickey	Treasurer	6441 Taylor Road Cincinnati, OH 45248
R.P. Lienesch	Assistant Treasurer and Assistant Secretary	21527 Kenwood Ave. Rocky River, OH 44116
Hugh C. O'Donnell	Secretary	424 Oliver Road Cincinnati, OH 45215
David L. Prewitt	Chief Tax Officer	7116 Hamilton Hills Dr. Cincinnati, OH 45244
Thomas A. Smith	Tax Officer	1036 Paxton Ave. Cincinnati, OH 45208
		139 Ellis Drive Waynesville, OH 45068
		7363 Blackstone Drive Florence, KY 41042