

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90276 001 \*2,250.00

**DOCUMENT # F99000006632**

1. Entity Name  
**ITRUST INSURANCE AGENCY, INC.**

Principal Place of Business

**1345 S 52ND STREET  
 TEMPE AZ 85284**

Mailing Address

**7 WEST SEVENTH ST.  
 CINCINNATI OH 45202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**86-0977216**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AMANN, JAMES</b>	
STREET ADDRESS	<b>9111 DUKE BLVD.</b>	
CITY-ST-ZIP	<b>MASON OH 45040</b>	
TITLE	<b>VTCF</b>	<input type="checkbox"/> Delete
NAME	<b>LAMBERT, BILL</b>	
STREET ADDRESS	<b>1345 S 52ND STREET</b>	
CITY-ST-ZIP	<b>TEMPE AZ 85284</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SIMS, JOHN R</b>	
STREET ADDRESS	<b>7 WEST SEVENTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GLUECK, NEAL J</b>	
STREET ADDRESS	<b>7 WEST SEVENTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BRODERICK, DENNIS J</b>	
STREET ADDRESS	<b>7 WEST SEVENTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>COX, JACK B</b>	
STREET ADDRESS	<b>7 WEST SEVENTH STREET</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Jack B Cox* **Jack B. Cox** Asst. Secretary **2/18/02** (513) 579-7311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

iTrust Insurance Agency, Inc.

Attachment  
16104  
#F99000006682

Directors:

Dennis J. Broderick  
John R. Sims

7 West Seventh Street, Cincinnati, OH 45202  
7 West Seventh Street, Cincinnati, OH 45202

Officers:

President  
Vice Pres., CFO and Treasurer  
Vice President  
Vice President & Secretary  
Vice President  
Vice President  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary

James Amann  
Bill Lambert  
Dennis J. Broderick  
John R. Sims  
Terrance R. Gorbach  
Neal J. Glueck  
Jack B. Cox  
Klaus M. Ziermaier  
Stephanie Johns-Chin  
Ricky D. Rieger  
Wingyee Choi  
Connie Bulzone

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1345 South 52nd Street, Tempe, AZ 85284  
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