2002 UNIFORM BUSINESS REPORT (UBR)

<u>uca ambrata</u>uired

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P01000010859 03-05-2002 90101 028 ***150 00 1. Entity Name CROSSROADS 5 & 6 CORPORATION Principal Place of Business Mailing Address 100 E RIVERCENTER BLVD SUITE 1100 PO BOX 75020 COVINGTON KY 41011 CINCINNATI OH 45275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 58-2597567 Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROCKMAN, CHRISTOPHER C Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SUITE 2600 ORLANDO FL 32801 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 12. Addition (9/01) ☐ Delete TITLE TITLE Change DPT NAME NAME BUTLER, WILLIAM P CR2E034 STREET ADDRESS STREET ADDRESS 100 E RIVERCENTER BLVD SUITE 1100 CITY-ST-7IP CITY-ST-7IP COVINGTON KY 41011 ☐ Delete TITLE ☐ Addition TITLE □ Change DV NAME NAME BLACKHAM, J.W. STREET ADDRESS STREET ADDRESS **100 E RIVERCENTER BLVD SUITE 1100** CITY. ST. 7IP CITY-ST- 7IP COVINGTON KY 41011 Delete TITLE TITLE X Change ☐ Addition NAME NAME BANTA, THOMAS E STREET ADDRESS STREET ADDRESS 100 E RIVERCENTER BLVD SUITE 1100 CITY-ST-ZIP CITY-ST-ZIP COVINGTON KY 41011 TITLE ☐ Dalete TITLE NAME NAME Malott, Elva STREET ADDRESS STREET ADDRESS 100 E RiverCenter Blvd, Suite 1100 CITY-ST-ZIP CITY-ST-ZIP Covington, KY 41011 TILE Delete TITLE ☐ Change Addition Assistant Secretary MAIAÉ NAME Olson, Phyllis STREET ADDRESS STREET ACCRESS 100 E RiverCenter Blvd, Suite 1100 CITY-ST-ZIP CITY-ST-ZIP Covington, KY 41011 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

859-292-5500

2/13/2002