

GREAT AMERICAN-SOUTH, INC.

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90194 038 ***150.00

Principal Place of Business

Mailing Address

580 WALNUT ST. STE 825
CINCINNATI OH 45202C/O THOMAS E. MISCHELL
ONE EAST FOURTH STREET, SUITE 800
CINCINNATI OH 45202-3717

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

31-1070712

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	FUJII, MICHAEL P	
STREET ADDRESS	801 S. FIGUEROA ST, STE 700	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WOODS, KENNETH W	
STREET ADDRESS	801 S. FIGUEROA ST, STE 700	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	AMORY, ROBERT F.	
STREET ADDRESS	580 WALNUT ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HORRELL, KAREN H.	
STREET ADDRESS	580 WALNUT ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAYES, RONALD C.	
STREET ADDRESS	580 WALNUT ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSEN, EVE CUTLER	
STREET ADDRESS	580 WALNUT ST	
CITY-ST-ZIP	CINCINNATI OH 45202	

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

Thomas E. Mischell

Thomas E. Mischell, Assistant Treasurer

4/21/2000

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)