

DOCUMENT # P08376

1. Entity Name

THE MIDLAND COMPANY

04-25-2000 90097 022 \*\*\*150.00

Principal Place of Business	Mailing Address
7000 MIDLAND BLVD PO BOX 1256 AMELIA OH 45102 US	7000 MIDLAND BLVD P.O. BOX 1256 AMELIA OH 45102-2608 US

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	31-0742526	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANFORD, PAUL P.  
ROGERS, TOWERS, BAILEY, JONES & GAY  
1300 GULF LIFE DRIVE  
JACKSONVILLE FL 32207

<b>7. Name and Address of New Registered Agent</b>		
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 \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be  <i>Trust Fund Contribution.</i> <i>Added to Fees</i></p>
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HAYDEN, JOSEPH PAGE 7000 MIDLAND BLVD AMELIA OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO HAYDEN, JOHN W 7000 MIDLAND BLVD AMELIA OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC CONATON, MICHAEL 7000 MIDLAND BLVD AMELIA OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCF VONLEHMAN, JOHN I 7000 MIDLAND BLVD AMELIA OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVO SCHWAMBERGER, KURT R 7000 MIDLAND BLVD AMELIA OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, TODD W 7000 MIDLAND BLVD. AMELIA, OH	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BRIZZOLARA, PAUL T 7000 MIDLAND BLVD AMELIA, OH	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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: John I. Von Lehman JOHN I VONLEHMAN 4/18/00 513-943-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #