

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09000** (1)  
1. Corporation Name  
**MIDLAND-GUARDIAN CO.**



Principal Place of Business <b>7000 MIDLAND BLVD PO BOX 1256 AMELIA OH 45102 US</b>	Mailing Address <b>7000 MIDLAND BLVD P.O. BOX 1256 CINCINNATI OH 45102-2608 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/06/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>31-0626204</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. Name and Address of Current Registered Agent <b>SANFORD, PAUL P. ROGERS, TOWERS, BAILEY, JONES &amp; GAY 1300 GULF LIFE DRIVE, SUITE 800 JACKSONVILLE FL 32207</b>		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
			<b>FL</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEN, J.P. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	1.3 STREET ADDRESS	<b>7000 MIDLAND BLVD.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	1.4 CITY-ST-ZIP	<b>AMELIA, OH. 45102</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONATON, MICHAEL J.</b>	2.2 NAME	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	2.3 STREET ADDRESS	<b>7000 MIDLAND BLVD.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	2.4 CITY-ST-ZIP	<b>AMELIA, OH. 45102</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEN, ROBERT W.</b>	3.2 NAME	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	3.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	3.4 CITY-ST-ZIP	<b>AMELIA, OH 45102</b>
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABAR, JOHN R.</b>	4.2 NAME	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	4.3 STREET ADDRESS	<b>7000 MIDLAND BLVD.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	4.4 CITY-ST-ZIP	<b>AMELIA, OHIO 45102</b>
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON LEHMAN, JOHN I.</b>	5.2 NAME	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	5.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	5.4 CITY-ST-ZIP	<b>AMELIA, OH. 45102</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: JOHN R. LABAR **JOHN R. LABAR** 4/18/97 513-943-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)