

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

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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17240 (3)

1. Corporation Name
CINCINNATI BELL INFORMATION SYSTEMS INC.

Principal Place of Business 201 E. FOURTH ST ROOM 102-746 P.O. BOX 2301 CINCINNATI OH 45201	Mailing Address 201 E. FOURTH STREET ROOM 102-815 CINCINNATI OH 45202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 Vine Street Suite, Apt. #, etc. 22 P. O. Box 2301 City & State 23 Cincinnati, OH Zip 24 45202		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Room 102-1960 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 12/16/1987	
4. FEI Number 31-1069790		Applied For Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No			

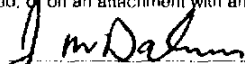
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 NAME STREET ADDRESS CITY-ST-ZIP	D LAMACCHIA, JOHN T. 7800 DEER CROSSING CINCINNATI OH ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director James F. Orr 5762 Chestnut Ridge Cincinnati, OH ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC DAHMS, JAMES M 11958 DERBYDAY CT CINCINNATI OH ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COLEMAN, WILLIAM R. 3054 WILLIAMS CREEK DRIVE CINCINNATI OH ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, ROBERT J 8554 ST MES PL CINCINNATI OH ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEGGLAND, ROY T. 9863 PONDSIDE COURT CINCINNATI OH ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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:  James M Dahms 4/30/98 513-397-7728

CR2E034 (10/97)