

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB - 1 AM 11:22

DOCUMENT # P27970 (3)
1. Corporation Name
PROVIDENT SECURITIES & INVESTMENT COMPANY

Principal Place of Business
**ONE EAST FOURTH ST.
CINCINNATI OH 45202**

Mailing Address
**ONE EAST FOURTH ST.
CINCINNATI OH 45202**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		01/29/1990	03/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For Not Applicable
22		27		31-1078499	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P/D
NAME	DAVIS, A DAVID	1.2 NAME	Kagan, Drew, T.
STREET ADDRESS	1 EAST 4TH ST	1.3 STREET ADDRESS	1 East 4th St.
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	Cincinnati, Ohio 45202
TITLE	VP	2.1 TITLE	
NAME	MURPHY, JAMES, E	2.2 NAME	
STREET ADDRESS	1 EAST FOURTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	NOMELAND, LESLIE C.	3.2 NAME	
STREET ADDRESS	1 EAST FOURTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James E. Murphy
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President, James E. Murphy 1/27/95 (513) 579-

2077