FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED May 24, 2002 8:00 am Secretary of State 05-24-2002 91325 020 ***150.00		
1. Entity Nar Chiqu	me Jita Frupac, Inc.						
	DO NOT WRITE	IN THIS SF	ACE				
2. Principal	Place of Business	3. Mailing Address			668080		
c/o Tax Dept.;250 E. Fifth St. Suite. Apt. #, etc.		c/o Tax Dept.;250 E. Fifth St. Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE		
27th Floor		27th Floor					
City & Sta Cincinna		City & State Cincinnati, OH		4.	FEI Number Applied For 31–1314944 Not Applicabl	e	
Zip 45202	Country USA	Zip 45202	Country USA	5.	Certificate of Status Desired Sector Status Desired Fee Required	-	
	مىيىتىنى ئىلى بىرى بىلى بىرى بىلى بىرى بىلى بىرى بىر		Name or		ame and Address of Current Registered Agent	_	
DO NOT WRITE				Street Address (B.O. Box Number is Not Acceptable) 1200 June 1 International Road			
	IN THIS SP		120	1200 S. Pine Island Road			
			City				
9 The obey	e named entity submits this statement for t	the property of all assessments in a	P1a	antatio			
Tax filing	Signature, typod or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. rria on back)	January 1 - Ma After May 1 Amended Make Check Payabl	Registered Agent signature re y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of		I0. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
TITLE	D/V/S Robert W. Olson		TITLE			5/01)	
NAME STREET ADDRESS CITY+ST+2IP	250 East Fifth St. Cincinnati, OH 45202		NAME STREET ADDRESS CITY - ST - ZIP			034B (12/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V William A. Tsacalis 250 East Fifth St. Cincinnati, OH 45202		TITLE NAME STREET ADDRESS CITY - ST - ZIP			CR2E03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME. STREET ADDRESS CITY - ST - ZIP	. and the	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joseph W. Bradley 250 East Fifth St. Cincinnati, OH 45202		TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	V/T Carla A. Byron 250 East Fifth St. Cincinnati, OH 45202		TTILE NAME STREFT ADDRESS CITY: ST-ZIP		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cincinnati, OH 45202		TITLE NAME STREET ADDRESS CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·		
 I hereby of indicated of the con attachme 	certify that the information supplied with the on this report or supplemental report is tri poration or the receiver by trustee suppovent ant with an address, with all other two empo	is filing does not qualify for the ue and accurate and that my vered to execute this report overed.	he exemption stated in signature shall have as required by Chapt	n Section the same er 607, Flo	119.07(3)(i), Florida Statutes, I further certify that the information legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or on an		
SIGNAT		ITED NAME OF SIGNING OFFICER OF	Joseph W. B	radley	04/26 02 (513) 784-8727 Daysterre Phone +		