FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P34207 (1)

1. Corporation Name
MARKETVISION RESEARCH, INC.

Principal Place of Business
4500 COOPER ROAD
CINCINNATI OH 45242-5617

Mailing Address
4500 COOPER ROAD
CINCINNATI OH 45242-5617

3. Date Incorporated or Qualified: 06/05/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 31-1081333 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MCMULLEN, DONALD G.
8111 BAY COLONY DR #604
NAPLES FL 33963

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

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] — 3/20/96
Signature, typed or printed name of registered agent and title if applicable — DATE
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	PC	☐ DELETE
NAME	MCMULLEN, DONALD G.	
STREET ADDRESS	8111 DAY COLONY DR #604	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	☒ DELETE
NAME	~~MILLER, ROBERT V.~~	
STREET ADDRESS	~~4 HICKORY HOLLOW DRIVE~~	
CITY-ST-ZIP	~~CINCINNATI OH 45241~~	
TITLE	VCST	☐ DELETE
NAME	REPASS, REX L.	
STREET ADDRESS	11111 ALLENHURST	
CITY-ST-ZIP	CINCINNATI OH 45241	
TITLE	D	☐ DELETE
NAME	SCHNEIDER, KENNETH J.	
STREET ADDRESS	9804 TOLLGATE LANE	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	PC	☒ Change	☐ Addition
1.2 NAME	MCMULLEN, DONALD G.		
1.3 STREET ADDRESS	8111 BAY COLONY DR. #604		
1.4 CITY-ST-ZIP	NAPLES, FL 33963		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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***200.00

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 119.07(3)(k), 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: [signature] — 4/20/96 — 513-791-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)