

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90048 025 \*\*\*150.00

**DOCUMENT # P35736**

1. Corporation Name  
**CPX REALTY INVESTMENT SERVICES CORP.**

Principal Place of Business  
**P.O. BOX 75020  
CINCINNATI OH 45275**

Mailing Address  
**P.O. BOX 75020  
CINCINNATI OH 45275**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/26/1991**

4. FEI Number  
**61-1201162**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMEISTER, WILLIAM F  
255 S ORANGE AVE #1144  
ORLANDO FL 32801**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **V REBECCA RETTENMAIER**  
STREET ADDRESS **50 E RIVERCENTER BLVD, STE 1200**  
CITY-ST-ZIP **COVINGTON KY 41011**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **CD BUTLER, WILLIAM P**  
STREET ADDRESS **50 E. RIVERCENTER, #1200**  
CITY-ST-ZIP **COVINGTON KY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD THOMAS E BANTA**  
STREET ADDRESS **50 E RIVERCENTER BLVD #260**  
CITY-ST-ZIP **COVINGTON KY 41011**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V BLACKHAM, J W**  
STREET ADDRESS **50 E RIVERCENTER BLVD #1200**  
CITY-ST-ZIP **COVINGTON KY**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **ASS MALOTT, ELVA A**  
STREET ADDRESS **50 E RIVERCENTER BLVD #1200**  
CITY-ST-ZIP **COVINGTON KY**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T PETER SACKMANN**  
STREET ADDRESS **50 E RIVERCENTER BLVD #260**  
CITY-ST-ZIP **COVINGTON KY 41011**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Treasurer**  
6.3 STREET ADDRESS **Dale W. Brovk**  
6.4 CITY-ST-ZIP **(Same Address)**

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, with a letter like empowered.

SIGNATURE:

*Dale W. Brovk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dale W. Brovk* 4/12/99 (626) 292-5500  
Date Daytime Phone #

CR2E034 (11/98)