

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90096 004 \*\*\*150.00

**DOCUMENT # P35736**

1. Entity Name

**CPX REALTY INVESTMENT SERVICES CORP.**

n/k/a Corporex Management &amp; Leasing, Inc.

Principal Place of Business

Mailing Address

P.O. BOX 75020  
CINCINNATI OH 45275P.O. BOX 75020  
CINCINNATI OH 45275

2. Principal Place of Business

100 E RiverCenter Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1100

City & State  
Covington, KY

City &amp; State

Zip  
41011

Country

Zip

Country

4. FEI Number 61-1201162

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
NAME REBECCA RETTENMAIER  
STREET ADDRESS 100 E RIVERCENTER BLVD, STE. 1100  
CITY-ST-ZIP COVINGTON KY 41011TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PDT ☐ Delete  
NAME BUTLER, WILLIAM P COB  
STREET ADDRESS 100 E RIVERCENTER BLVD, STE. 1100  
CITY-ST-ZIP COVINGTON KY 41011TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME THOMAS E BANTA  
STREET ADDRESS 100 E RIVERCENTER BLVD, STE. 1100  
CITY-ST-ZIP COVINGTON KY 41011TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☐ Delete  
NAME BLACKHAM, J W  
STREET ADDRESS 100 E RIVERCENTER BLVD, STE. 1100  
CITY-ST-ZIP COVINGTON KY 41011TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ASS ☐ Delete  
NAME MALOTT, ELVA A  
STREET ADDRESS 100 E RIVERCENTER BLVD, STE. 1100  
CITY-ST-ZIP COVINGTON KY 41011TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPS ☒ Delete  
NAME CIARNS, MYLES  
STREET ADDRESS 100 E RIVERCENTER BLVD, STE. 1100  
CITY-ST-ZIP COVINGTON KY 41011TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. William Blackham III

4/25/2001

Date

859-292-5507

Daytime Phone #

CR2E034 (10/00)