FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37334 (0)

1. Corporation Name
CORPOREX COMPANIES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 61-0670372 ☐ 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

BAUMEISTER, WILLIAM F
1075 GILLS DR
STE 300
ORLANDO FL 38224

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, WILLIAM P.	1.2 NAME	
STREET ADDRESS	50 E. RIVER CENTER BL,12	1.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACKHAM, J. WILLIAM	2.2 NAME	
STREET ADDRESS	50 E. RIVER CENTER BL,12	2.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	MALOTT, ELVA	3.2 NAME	
STREET ADDRESS	50 E. RIVER CENTER BL,12	3.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	KRZYMINSKI, RICHARD W	4.2 NAME	
STREET ADDRESS	50 E RIVER CENTER BLVD SUITE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY 41011	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KLARE, JOHN E	5.2 NAME	
STREET ADDRESS	50 E RIVER CENTER BLVD SUITE 1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	BANTA, THOMAS E	6.2 NAME	
STREET ADDRESS	50 E RIVER CENTER BLVD SUITE 1200	6.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY 41011	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 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

SIGNATURE: Ed Burmeister Vice President 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460773 FP