

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P37334

(0)

1. Corporation Name

CORPOREX COMPANIES, INC.

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

02/03/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 SAME

82

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

255 S. Orange Ave.

83

Suite 1144

84

City Orlando

FL

85

Zip Code 32801

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

BUTLER, WILLIAM P
50 E. RIVER CENTER BL, 12
COVINGTON KY

TITLE

V

BLACKHAM, J. WILLIAM
50 E. RIVER CENTER BL, 12
COVINGTON KY

TITLE

AS

MARLOTT, ELVA
50 E. RIVER CENTER BL, 12
COVINGTON KY

TITLE

VS

HENSLEY, THOMAS E.
50 E. RIVER CENTER BLVD #1200
COVINGTON KY

TITLE

D

KLARE, JOHN E
50 E RIVER CENTER BLVD SUITE 1200
COVINGTON KY

TITLE

V

SANTA, THOMAS E
50 E RIVER CENTER BLVD SUITE 1200
COVINGTON KY 41011

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D Daniel T. Fay
50 E. Rivercenter Blvd.
Covington, KY 41011

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Peter Sackmann
50 E. Rivercenter Blvd.
Covington, KY 41011

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

AS Martin C. Butler
50 E. Rivercenter Blvd.
Covington, KY 41011

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PLCID William P. Butler
50 E. Rivercenter Blvd.
Covington, KY 41011

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

William P. Butler

4-9-98

CR2E034 (10/97)