


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 011 ***150.00

DOCUMENT # P94000048261 1. Entity Name COMPSCRIPT, INC.					
Principal Place of Business 100 EAST RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011			Mailing Address 100 EAST RIVERCENTER BLVD. COVINGTON, KY 41011		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 E. Rivercenter Blvd.			
City & State		Suite, Apt. #, etc. Suite 1600		04212004 Chg-P CR2E034 (10/03)	
Zip 41011		Country U.S.A.		4. FEI Number 65-0506539	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION.SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, DAVID 100 E. RIVERCENTER BLVD., STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABBOTT, BRADLEY S 100 E. RIVERCENTER BLVD., STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBBINS, REGIS T 100 E. RIVERCENTER BLVD., STE. 1600 COVINGTON, KY 41011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICOZZI, MICHAEL 100 E. RIVERCENTER BLVD., STE. 1600 COVINGTON, KY 41011	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MARSH, THOMAS 100 E RIVERCENTER BLVD STE 1500 COVINGTON, KY 41011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, TRACEY L 1000 HATCH STREET CINCINNATI, OH 45202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Robbins, Regis T. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bradley S. Abbott</u> <u>Bradley S. Abbott</u> <u>04/23/2004</u> <u>859-392-3347</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					