

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90829 035 \*\*\*150.00

**DOCUMENT # P94000048261**

1. Entity Name  
**COMPScript, INC.**



Principal Place of Business  
1225 N.W. BROKEN SOUND PKWY.  
SUITE A  
BOCA RATON FL 33487

Mailing Address  
100 EAST RIVERCENTER BLVD.  
COVINGTON KY 41011



2. Principal Place of Business

**100 E. Rivercenter Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Ste. 1600**

City & State

City & State  
**Covington, Ky**

Zip

Zip  
**41011**

Country  
**USA**

Country

4. FEI Number **65-0506539**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>P</b> <b>DUPUY, JOSEPH L</b> <b>100 E RIVERCENTER BLVD STE 1500</b> <b>COVINGTON KY 41011</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ABBOTT, BRADLEY S</b> <b>635 MEADOW WOODS DRIVE</b> <b>CRESCENT SPRINGS KY 41017</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABBOTT, BRADLEY S</b> <b>635 MEADOW WOOD DR</b> <b>CRESCENT SPRINGS KY 41017</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREANY, CATHERINE I</b> <b>3203 GOLDEN AVE, APT #504</b> <b>CINCINNATI OH 45226</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>MARSH, THOMAS</b> <b>100 E RIVERCENTER BLVD STE 1500</b> <b>COVINGTON KY 41011</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINN, TRACEY L</b> <b>1000 HATCH STREET</b> <b>CINCINNATI OH 45202</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>David West</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, Ky 41011</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer / Director</b> <b>Bradley S. Abbott</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, KY 41011</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary / Director</b> <b>Regis T. Robbins</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, KY 41011</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Michael Ricozzi</b> <b>100 E. Rivercenter Blvd., Ste. 1600</b> <b>Covington, Ky 41011</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

**Bradley S. Abbott**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/2003 (859) 392-3347**  
Date Daytime Phone #

CR2E034 (10/02)