

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000044744

1. Corporation Name  
FGBI ACQUISITION CORP.

Principal Place of Business  
KEATING, MUETHING & KLEKAMP  
1 EAST FOURTH STREET, 18TH FLOOR  
CINCINNATI OH 45202

Mailing Address  
KEATING, MUETHING & KLEKAMP  
1 EAST FOURTH STREET, 18TH FLOOR  
CINCINNATI OH 45202

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90158 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

31-1562508

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 One East Fourth St.  
Suite, Apt. #, etc.

2a. Mailing Address

26 One East Fourth St.  
Suite, Apt. #, etc.

22 City & State

23 Cincinnati, OH

24 Zip 45202-3717 25 Country U.S.

27 City & State

28 Cincinnati, OH

29 Zip 45202-3717 30 Country U.S.

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGEE, MARK E ESQ.	
STREET ADDRESS	ONE EAST FOURTH ST,	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULERZYSKI, CHARLES	
STREET ADDRESS	ONE EAST FOURTH ST,	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ALLEN	
STREET ADDRESS	1 E 4TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	FARRENKOPF, JOHN R	
STREET ADDRESS	1 E 4TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SHEA, KEVIN M	
STREET ADDRESS	1 E 4TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael K. Gibson	
6.3 STREET ADDRESS	One East Fourth St.	
6.4 CITY-ST-ZIP	Cincinnati, OH 45202	

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, with all other like empowered.

SIGNATURE:

Michael K. Gibson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-99 (513) 579-2767

Daytime Phone #

CR2E034 (11/98)