

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V01774

FILED
Apr 23, 2003
Secretary of State

Entity Name: PURITY FINANCIAL CORP.

Current Principal Place of Business:

525 VINE STREET
CINNCINNATI, OH 45202 US

New Principal Place of Business:

525 VINE STREET
CINCINNATI, OH 45202 US

Current Mailing Address:

C/O THOMAS E MISCHELL
1 E 4TH ST
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 59-3084815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, JOHN BERT
774 S.R. 13
SUITE 11
MANDARIN, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHEPER, CHARLES R
Address: 525 VINE STREET
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: ELLIS, WILLIAM C
Address: 525 VINE ST
City-St-Zip: CINCINNATI, OH 45202

Title: V () Delete
Name: DAHMER, EDWARD C
Address: 525 VINE ST
City-St-Zip: CINCINNATI, OH 45202

Title: SD (X) Delete
Name: COY, RHONDA S
Address: 525 VINE ST
City-St-Zip: CINCINNATI, OH 45202

Title: AT () Delete
Name: MISCHELL, THOMAS E.
Address: 1 E 4TH ST 8TH FLOOR
City-St-Zip: CINCINNATI, OH 45202

Title: T () Delete
Name: MAGOTEAUX, RICHARD L
Address: 250 E 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DAHMER, JR, EDWARD C
Address: 525 VINE ST
City-St-Zip: CINCINNATI, OH 45202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: MISCHELL, THOMAS E
Address: 1 E 4TH ST 8TH FLOOR
City-St-Zip: CINCINNATI, OH 45202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. MISCHELL

AT

04/23/2003

Electronic Signature of Signing Officer or Director

Date