

FILED

Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 025 ****61.25

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02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 31-4379427 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOHRT, C.F. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAHLMANN, J.R. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD D ANDERS, W A Bailey, V.A. 505 KING AVENUE COLUMBUS, OH 43201 505 King Avenue Columbus, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT O'BRYAN, D.W. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT INGLIS, I.M. 505 KING AVENUE COLUMBUS, OH 43201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, JOHN B 505 KING AVENUE COLUMBUS, OH 43201

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

Date

(614)424-7499

Daytime Phone #

Daniel W. O'Bryan, Assistant Treasurer