## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Aug 03, 2007 8:00 am Secretary of State **DOCUMENT #849177** 08-03-2007 90020 046 \*\*\*150.00 1. Entity Name CBCA ADMINISTRATORS, INC. Principal Place of Business Mailing Address 4150 INTERNATIONAL PLAZA., #900 4150 INTERNATIONAL PLAZA., #900 40128105 FT WORTH, TX 76109 US FT WORTH, TX 76109 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 Chg-P CR2E034 (12/06) 550 Suite 5.50 City & State City & State 4. FEI Number Applied For 23-2176124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XX Delete MLE ☐ Change X Addition TITLE RABINOWITZ, BARBRA L NAME NAME Rodney Napier STREET ADDRESS 4150 INTERNATIONAL PLAZA:, #900 STREET ADDRESS 250 E. Broad St., 21st Floor Columbus, OH 43215 FT WORTH, TX 76109 CITY-ST-7IP CITY-ST-ZIP DCEO ☐ Delete Addition TITLE TITLE ☐ Change NAME DIBELLA, KEN NAME 250 E BROAD ST, 21ST FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF COLUMBUS, OH 43215 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TIT! F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

**FILED**