

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006639

FILED
Apr 20, 2004
Secretary of State

Entity Name: AEP PRO SERV, INC.

Current Principal Place of Business:

1 RIVERSIDE PLAZA
COLUMBUS, OH 43215

New Principal Place of Business:

Current Mailing Address:

1 RIVERSIDE PLAZA
ATTN: TAX DEPT.
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 31-1036996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD () Delete
Name: DRAPER, E. LINN JR.
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: P () Delete
Name: RENCHECK, MICHAEL W
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: DRAPER, E. LINN JR.
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: V () Delete
Name: POWERS, ROBERT P
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: V () Delete
Name: FAYNE, HENRY W
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: V () Delete
Name: SHOCKLEY, THOMAS V III
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MORRIS, MICHAEL G
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

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

Title: D (X) Change () Addition
Name: CROSS, JEFFREY D
Address: 1 RIVERSIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

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

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

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: HENRY W. FAYNE

_____ Electronic Signature of Signing Officer or Director

V

04/20/2004

_____ Date