


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 041 ***150.00

DOCUMENT # F02000002353		
1. Entity Name SCHOTTENSTEIN PROFESSIONAL ASSET MANAGEMENT CORPORATION		
Principal Place of Business 1800 MOLER ROAD COLUMBUS, OH 43207	Mailing Address 1800 MOLER ROAD COLUMBUS, OH 43207	

401100



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1289300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007. Fee will be \$550.00**

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	PD SCHOTTENSTEIN, JAY L 1800 MOLER ROAD COLUMBUS, OH 43207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SWANSON, JEFFRY D 1800 MOLER ROAD COLUMBUS, OH 43207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAIN, IRWIN A 1800 MOLER ROAD COLUMBUS, OH 43207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRANER, BENTON E 1800 MOLER ROAD COLUMBUS, OH 43207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARNOT, ED 1800 MOLER ROAD COLUMBUS, OH 43207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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.

SIGNATURE:

[Signature]

Irwin A. Bain, Secretary

4/24/07

614-221-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #