

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000004340

1. Entity Name
AMERICAN SIGNATURE, INC.



Principal Place of Business
1800 MOLER ROAD
COLUMBUS, OH 43207

Mailing Address
1800 MOLER ROAD
COLUMBUS, OH 43207



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1546162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE C
NAME SCHOTTENSTEIN, JAY L
STREET ADDRESS 1800 MOLER ROAD
CITY-ST-ZIP COLUMBUS, OH 43207

TITLE P
NAME THOMPSON, DAVID W
STREET ADDRESS 1800 MOLER ROAD
CITY-ST-ZIP COLUMBUS, OH 43207

TITLE VP
NAME BEAVIN, TIM
STREET ADDRESS 1800 MOLER ROAD
CITY-ST-ZIP COLUMBUS, OH 43207

TITLE VP
NAME TITTLE, GARY R
STREET ADDRESS 1800 MOLER RD.
CITY-ST-ZIP COLUMBUS, OH 43207

TITLE VP
NAME RAAB, STEVEN
STREET ADDRESS 1800 MOLER ROAD
CITY-ST-ZIP COLUMBUS, OH 43207

TITLE S
NAME FRIEDMAN, TOD
STREET ADDRESS 1800 MOLER ROAD
CITY-ST-ZIP COLUMBUS, OH 43207

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tod A. Friedman, Secretary

4/25/08

AP 28/08