2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005260

Entity Name: THINKRONIZE, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
15 TRIANGLE PARK DRIVE CINCINNATI, OH 45246					
Current Mailing Address:			New Mailing Address:		
15 TRIANGLE PARK DRIVE CINCINNATI, OH 45246					
FEI Number: 31-1675899 FEI Number Applied For () FEI Numb			nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () [HANDELSMAN, J 11340 CENTURY CINCINNATI, OH	CIRCLE EAST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCGRAW, JAMES J JR ONE E FOURTH STREET CINCINNATI, OH 45202	
Title: Name: Address: City-St-Zip:	D () [MCGRAW, JAME ONE E FOURTH CINCINNATI, OH	STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RUNK, DANIEL 8920 SPOOKY RIDGE LN CINCINNATI, OH 45242	
Title: Name: Address: City-St-Zip:	D () [VANGINKEL, JUI 3333 BURNET A CINCINNATI, OH	/E.	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition WILHELM, RANEALL H 9721 CEDARKNOLL DRIVE MASON, OH 45040	
Title: Name: Address: City-St-Zip:	CEO () [WILHELM, RAND 9721 CEDARKNO MASON, OH 450	DLL DRIVE	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition WILLIG, CHRISTINE O 3801 COUNTRY CLUB PLACE CINCINNATI, OH 45208	
Title: Name: Address: City-St-Zip:	O ()[WILLIG, CHRIST 3801 COUNTRY CINCINNATI, OH	CLUB PLACE	Title: Name: Address: City-St-Zip:	COO (X) Change () Addition VALLO, JOSEPH M 1111 TUMBLEWEED DRIVE LOVELAND, OH 45140	
Title: Name: Address: City-St-Zip:	COO (X) I VALLO, JOSEPH 1111 TUMBLEW LOVELAND, OH	EED DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH M VALLO COO 04/23/2008