

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005260

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: THINKRONIZE, INC.

**Current Principal Place of Business:**

15 TRIANGLE PARK DRIVE  
CINCINNATI, OH 45246

**New Principal Place of Business:**

**Current Mailing Address:**

15 TRIANGLE PARK DRIVE  
CINCINNATI, OH 45246

**New Mailing Address:**

FEI Number: 31-1675899      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: D ( ) Delete  
Name: MCGRAW, JAMES J JR  
Address: ONE E FOURTH STREET  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: RUNK, DANIEL  
Address: 8920 SPOOKY RIDGE LN  
City-St-Zip: CINCINNATI, OH 45242

Title: CEO ( ) Delete  
Name: WILHELM, RANEALL H  
Address: 9721 CEDARKNOLL DRIVE  
City-St-Zip: MASON, OH 45040

Title: PRES ( ) Delete  
Name: WILLIG, CHRISTINE O  
Address: 3801 COUNTRY CLUB PLACE  
City-St-Zip: CINCINNATI, OH 45208

Title: COO (X) Delete  
Name: VALLO, JOSEPH M  
Address: 1111 TUMBLEWEED DRIVE  
City-St-Zip: LOVELAND, OH 45140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: COO (X) Change ( ) Addition  
Name: VALLO, JOSEPH M  
Address: 1111 TUMBLEWEED DRIVE  
City-St-Zip: LOVELAND, OH 45140

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

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

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date