

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006711

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: FANNING/HOWEY ASSOCIATES, INC.

## Current Principal Place of Business:

1200 IRMSCHER BOULEVARD  
CELINA, OH 45822

## New Principal Place of Business:

## Current Mailing Address:

1200 IRMSCHER BOULEVARD  
CELINA, OH 45822

## New Mailing Address:

FEI Number: 34-1053065

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: P ( ) Delete  
Name: MADER, DANIEL R  
Address: 9025 NORTH RIVER ROAD, SUITE 200  
City-St-Zip: INDIANAPOLIS, IN 462402125

Title: V ( ) Delete  
Name: WICKSTROM, DOUGLAS M  
Address: 905 SOUTH WOODLAND AVENUE  
City-St-Zip: MICHIGAN CITY, IN 463605672

Title: ST ( ) Delete  
Name: SPRUNGER, RANDALL L  
Address: 540 E MARKET ST  
City-St-Zip: CELINA, OH 45822

Title: C ( ) Delete  
Name: FANNING, RONALD H  
Address: 540 EAST MARKET STREET  
City-St-Zip: CELINA, OH 45822

Title: VC ( ) Delete  
Name: HOWEY, CLAIR E  
Address: 4930 BRADENTON AVENUE  
City-St-Zip: DUBLIN, OH 430177599

Title: D ( ) Delete  
Name: HALL, MICHAEL E  
Address: 7400 RIVER ROAD PIKE  
City-St-Zip: NASHVILLE, TN 37209

## 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: ( ) 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 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: PAMELA E WEHRKAMP

ACCT

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date