

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000264

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CRESTVIEW CORNERS STATION INC.

## Current Principal Place of Business:

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249

## New Principal Place of Business:

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

## Current Mailing Address:

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249

## New Mailing Address:

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

FEI Number: 20-4099812

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: CT ( ) Delete  
Name: PHILLIPS, MICHAEL  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

Title: DP ( ) Delete  
Name: EDISON, JEFFREY S  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

Title: VPS ( ) Delete  
Name: ADDY, R.MARK  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change ( ) Addition  
Name: EDISON, JEFFREY S  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

Title: SVP (X) Change ( ) Addition  
Name: ADDY, R. MARK  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

Title: TDIR (X) Change ( ) Addition  
Name: PHILLIPS, MICHAEL C  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

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: ANNE MEYER

POA

03/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date