

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007567

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** FERRY PASS STATION INC.

**Current Principal Place of Business:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**New Principal Place of Business:**

**Current Mailing Address:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**New Mailing Address:**

**FEI Number:** 20-5996194      **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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MYERS, ROBERT F  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

Title: VPT  
Name: SMITH, RICHARD J  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

Title: DIR  
Name: EDISON, JEFFREY S  
Address: 128 ONTARIO COURT  
City-St-Zip: PARK CITY, UT 84060 US

Title: DIR  
Name: PHILLIPS, MICHAEL C  
Address: 2612 MORNING SKY CT.  
City-St-Zip: PARK CITY, UT 84060 US

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/03/2012

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

\_\_\_\_\_ Date