

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # F96000005678

1. Entity Name

TOWNE PROPERTIES ASSET MANAGEMENT COMPANY



Principal Place of Business

1055 ST. PAUL PLACE
CINCINNATI, OH 45202-1687

Mailing Address

1055 ST. PAUL PLACE
CINCINNATI, OH 45202-1687



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-0945003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYDBERG, THOMAS H ESQ.
400 N. TAMPA STREET
SUITE 2630
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORTZ, NEIL K
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH
TITLE	DP
NAME	WAHLKE, ROBERT J
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH
TITLE	V
NAME	BOPPEL, KARL
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 452021687
TITLE	V
NAME	WEHMAN, DEREK
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 452021687
TITLE	S
NAME	BAYER, DANIEL J
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 452021687
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil K. Bortz 2/15/08 513-381-8696

Date

Daytime Phone #