


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006503**

1. Entity Name  
**GOLD MEDAL PRODUCTS CO.**



Principal Place of Business      Mailing Address

**10700 MEDALLION DRIVE**      **10700 MEDALLION DRIVE**  
**CINCINNATI, OH 45241**      **CINCINNATI, OH 45241**

**DO NOT WRITE IN THIS SPACE**



02072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**31-0515654**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees

1100000448809  
 03/09/06-80028-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	EVANS, J C SR
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	PD
NAME	KROEGER, DANIEL R
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	GEBHART, CHRISTOPHER W
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	BURNS, ROBERT C
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VSD
NAME	EVANS-LLOYD, SALLY
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	EVANS, JOHN C JR
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241

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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: *Christopher W Gebhart* VP FIN / CFO      2/7/06      (613) 769-7676