

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007705

FILED
Apr 24, 2007
Secretary of State

Entity Name: CORNERSTONE LOGISTICS CENTRE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

TWO MIRNOVA PLACE - STE 250
COLUMBUS, OH 432157050

New Principal Place of Business:

TWO MIRANOVA PLACE
SUITE 800
COLUMBUS, OH 432157050

Current Mailing Address:

TWO MIRNOVA PLACE - STE 250
COLUMBUS, OH 432157050

New Mailing Address:

TWO MIRANOVA PLACE
SUITE 800
COLUMBUS, OH 432157050

FEI Number: 20-3179504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: DP () Delete
Name: PIZZUTI, JOEL S
Address: TWO MIRNOVA PL STE 800
City-St-Zip: COLUMBUS, OH 43215

Title: DVS () Delete
Name: WEST, SCOTT B
Address: TWO MIRNOVA PL STE 800
City-St-Zip: COLUMBUS, OH 43215

Title: DAS () Delete
Name: KEEGAN, MICHAEL P
Address: TWO MIRNOVA PL STE 800
City-St-Zip: COLUMBUS, OH 43215

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT B. WEST

DVS

04/24/2007

Electronic Signature of Signing Officer or Director

Date