

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N05000007705

Entity Name: CORNERSTONE LOGISTICS CENTRE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TWO MIRANOVA PLACE  
SUITE 800  
COLUMBUS, OH 432157050

**New Principal Place of Business:**

**Current Mailing Address:**

TWO MIRANOVA PLACE  
SUITE 800  
COLUMBUS, OH 432157050

**New Mailing Address:**

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      (X) 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 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

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date