


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000060263
 1. Entity Name
 CHAMPLIN/HAUPT INC.



Principal Place of Business
 424 E 4 ST
 CINCINNATI, OH 45202

Mailing Address
 424 E 4 ST
 CINCINNATI, OH 45202



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 31-0945295 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMPLIN, RUSS
 6342 MIDNIGHT PASS RD, #415
 SARASOTA, FL 34242

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | SCHILLING, ROBERT |
| STREET ADDRESS | 424 E 4 ST |
| CITY-ST-ZIP | CINCINNATI, OH 45202 |
| TITLE | EV |
| NAME | BATTOCLETTE, MIKE |
| STREET ADDRESS | 424 E 4 ST |
| CITY-ST-ZIP | CINCINNATI, OH 45202 |
| TITLE | EV |
| NAME | WURTENBERGER, JOANT |
| STREET ADDRESS | 424 E 4 ST |
| CITY-ST-ZIP | CINCINNATI, OH 45202 |
| TITLE | V |
| NAME | OBERHOLZER, BRETT |
| STREET ADDRESS | 424 E 4 ST |
| CITY-ST-ZIP | CINCINNATI, OH 45202 |
| TITLE | ST |
| NAME | WYLER, JOHN |
| STREET ADDRESS | 424 E 4 ST |
| CITY-ST-ZIP | CINCINNATI, OH 45202 |
| TITLE | V |
| NAME | RICHARDS, BENJAMIN |
| STREET ADDRESS | 424 E 4 ST |
| CITY-ST-ZIP | Cincinnati, OH 45202 |

U00000098381
 03/29/04-80039-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3/26/04 (513)241-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #