


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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



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



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
31-0945295 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

DO NOT WRITE IN THIS SPACE

3. 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 re-registering)
Signature, typed or printed name of registered agent and title if applicable

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

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

000000429436
 04/11/06-80121-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHILLING, ROBERT 424 E 4 ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BATTOCLETTE, MIKE 424 E 4 ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV WURTENBERGER, JOAN T 424 E 4 ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OBERHOLZER, BRETT 424 E 4 ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WYLER, JOHN 424 E 4 ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDS, BEN 424 EAST 4TH STREET CINCINNATI, OH 45202

DO NOT WRITE 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:  **JOHN L. WYLER** 3/23/06 (513) 241-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #