


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

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**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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


U00000781257  
01/15/08-80026-021 150.00

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, JOAN T
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, BEN
STREET ADDRESS	424 EAST 4TH STREET
CITY-ST-ZIP	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:**  **1/1/08** **513-241-4474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #