2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P15753

1. Entity Name
MEIER'S WINE CELLARS, INC.

Principal Place of Business	Mailing Address
6955 PLAINFIELD RD. SILVERTON CINCINNATI, OH 45236	6955 PLAINFIELD RD. SILVERTON CINCINNATI, OH 45236

DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
31-0372300
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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

U00000933608
05/28/08-80026-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SZABO, ROBERT A
STREET ADDRESS	3116 BEREA ROAD
CITY-ST-ZIP	CLEVELAND, OH
TITLE	AS
NAME	DEERWESTER, MARCIA
STREET ADDRESS	%6955 PLAINFIELD RD
CITY-ST-ZIP	SILVERTON, OH
TITLE	VP-O
NAME	LUCIA, JOHN M SR.
STREET ADDRESS	6955 PLAINFIELD RD.
CITY-ST-ZIP	CINCINNATI, OH 45236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 M Lucia, Sr 4/26/08 (513)891-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John M Lucia, Sr., Vice President-Operations