

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15753

FILED
Mar 15, 2010
Secretary of State

Entity Name: MEIER'S WINE CELLARS, INC.

Current Principal Place of Business:

6955 PLAINFIELD RD.
SILVERTON
CINCINNATI, OH 45236

New Principal Place of Business:

Current Mailing Address:

6955 PLAINFIELD RD.
SILVERTON
CINCINNATI, OH 45236

New Mailing Address:

FEI Number: 31-0372300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST
Name: SZABO, ROBERT A
Address: 11749 HARROW PLACE
City-St-Zip: N. ROYALTON, OH 44133

Title: AS
Name: MOORE, EILEEN
Address: 8737 ANTRIM COURT
City-St-Zip: CINCINNATI, OH 45236

Title: VP-O
Name: LUCIA, JOHN M SR.
Address: 6086 OLDE GATE COURT
City-St-Zip: MILFORD, OH 45150

Title: CEO
Name: SZABO, ROBERT A
Address: 11749 HARROW PLACE
City-St-Zip: N. ROYALTON, OH 44133

Title: PRES
Name: BOAS, ROBERT
Address: 2029 FARMINGTON TURN
City-St-Zip: WESTLAKE, OH 44145

Title: CFO
Name: PREST, DAVID E
Address: 1582 WOODWARD AVE
City-St-Zip: LAKEWOOD, OH 44107

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M LUCIA, SR.

VP-O

03/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date