## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90028 012 \*\*\*150.00

September   Sept	DOCUMENT # P26716  1. Entity Name NEW BREMEN INVESTMENTS INC.						01-23-2004 90028 012 ***150.00				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1052004 Chg.P CR2E34 (10/03)  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Cardificate of Status Desired  # FIL Name and Address of Current Registered Agent  7. Name and Address of Hew Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  File Required  City  File State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  the obligations of registered agent. Or both, in the State of Fords. I am familiar with, and acc  the obligations of registered agent.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  city  File Now in the State of Fords. I am familiar with, and acc  c	40 SOUTH W	ASHINGTON ST.	40 SOUTH WASHINGTON ST.								
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address								
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01062004	Chg-P	CR2E0	34 (10/03)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324   City  City  FL Zip Code  8. The above ramed 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 accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obl	City & Stat	9	City & State							————	pplied For ot Applicable
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324  6. 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 acc  1 the obligations of registered agent.  SIGNATURE  SITURD NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OECD  INVERTICACES AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OECD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OECH DICKE, JAMES F.  NAME  OICKE, JAMES F.  OICKE, JAMES F.  OICKE, JAMES F., II  OECK JAMES F., II  OECK JAMES F., II  OICKE, JAMES F., III  OECK JAMES F., III	Zip	<u> </u>		Count	try					Fee Require	
STEET ADDRESS OF DICKE, JAMES F., II  TITLE  PTD  DICKE, JAMES F., II  TITLE  PTD  DICKE, JAMES F., II  TITLE  PTD  DICKE, JAMES F., III  TITLE  AS  DICKE, JAMES F., III  TITLE  AD  DICKE, JAMES F., III  DICKE, JAMES F., III  TITLE  AD  DICKE, JAMES F., III  DICKE, JAMES F., III  TITLE  AD  DICKE, JAMES F., III  DICKE, JAMES F., III  TITLE  AD  DICKE, JAMES F., III  DICKE, JA	<del></del>	6. Name and Address of Current I	Registered Agent		Alama		7. Name and A	Address of New I	Registered /	Agent	
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 accident agent in the obligations of registered agent.  SIGNATURE  Signature, bycod or pointed name of registered agent and the ill applicative. (NOTE: Registered Agent signature required when remainshiny)  DATE  FILE NOW!!I FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  IO. OFFICERS AND DIRECTORS  DICKE, JAMES F.  DICKE, JAMES F.  NEW BREMEN, OH  TITLE  PTD  DICKE, JAMES F.,     DICKE, JAMES F.,     TITLE  PTD  DICKE, JAMES F.,     DICKE, JAMES F.,     TITLE  PTD  DICKE, JAMES F.,     NEW BREMEN, OH  DICKE, JAMES F.,     TITLE  VPS  DICKE, JAMES F.,     NEW BREMEN, OH  Delete  TITLE  VPS  DELETADORESS  40 S. WASHINGTON ST.  NEW BREMEN, OH  Delete  TITLE  AS  DELETADORESS  DIV-SI-ZIP  Delete  TITLE  AS  Delete  TITLE  AS  DELETADORESS  DIV-SI-ZIP  Delete  TITLE  AS  Delete  TITLE  AS  DELETADORESS  DIV-SI-ZIP  Delete  TITLE  DELETADORESS  DIV-SI-ZIP  Delete  TITLE  AS  DELETADORESS  DIV-SI-ZIP  Delete  TITLE  DELETADORESS  D	1200 S. PINE ISLAND RD.										
SIGNATURE Straums typed of printed rame of registered agent and the 11 applicable  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DICKE, JAMES F.  US WASHINGTON ST.  STREET ADDRESS  40 S. WASHINGTON ST.  STREET ADDRESS  MAKE  DICKE, JAMES F., III  MAKE  MAKE	<b>.</b>				City				FL	Zip Cod	le
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NAME SMITH, BRADLEY L. STREET ADDRESS 40 S. WASHINGTON ST. CITY-ST-ZIP NEW BREMEN, OH  TITLE AS HERR, J. MICHAEL STREET ADDRESS CITY-ST-ZIP NEW BREMEN, OH  TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEW BREMEN, OH  TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW BREMEN, OH  TO Belete STREET ADDRESS CITY-ST-ZIP NEW BREMEN, OH  NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DICKE, JAMES F., III 40 S. WASHINGTON ST.	☐ Delete	NAME STREE	E ET ADDRESS	20 S	UT W. SPI S. WASHI W BRETT	ILLE INGITON S			Addition
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	NAME STREET ADDRESS CITY-ST-2IP	HERR, J. MICHAEL 40 S. WASHINGTON ST. NEW BREMEN, OH	ec.r	NAM! STRE	E ET ADDRESS						Addition
NAME . BORNHORST, ROGER L	NAME , STREET ADDRESS CITY-ST-ZIP -	BORNHORST, ROGER L 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869		NAMI STRE CITY-	E - ET ADDRESS - ST-ZIP		ation 440 07/03/0	Fladdo Otatia	15.00		Addition

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 attantment with an address, with all other like empowered.

SIGNATURE MM	4 Cout	BRADLEY L. SMITH	117/04	419/429-2311
SIGNATURE	AND TYPED OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR	Date	Daytime Phone ■