



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90025 047 \*\*\*550.00

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # P38374</b>   |  |   |   |
| 1. Entity Name<br><b>WARSTEINER IMPORTERS AGENCY, INC.</b>   |  |  |   |
| Principal Place of Business<br><b>9359 ALLEN ROAD<br/>WEST CHESTER, OH 45069 US</b>  |  | Mailing Address<br><b>9359 ALLEN ROAD<br/>WEST CHESTER, OH 45069 US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  |  | Country  |   |
| Zip  |  | Country  |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| <b>CT CORPORATION SYSTEM<br/>C/O CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>   |  | Name   |   |
|  |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
|  |  | City   |   |
|  |  | State (FL) Zip Code  |   |
| 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 _____  |  |  |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1  |   |
| TITLE  | D P <input checked="" type="checkbox"/> Delete | TITLE  | <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | <b>GRONOSTAJ, DAVID A</b>                      | NAME   | <b>Geoffrey M. Westapher</b>  |
| STREET ADDRESS   | <b>8349 SWEET BRIAR COURT</b>                  | STREET ADDRESS   | <b>525 Rolling Hills Road</b>   |
| CITY- ST- ZIP  | <b>LIBERTY TOWNSHIP, OH 45044</b>              | CITY- ST- ZIP  | <b>Coppel, Texas 75019</b>  |
| TITLE  | D S <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME   | <b>WEBSTER, JAMES L</b>                        | NAME   |   |
| STREET ADDRESS   | <b>3744 N. HARDING AVE.</b>                    | STREET ADDRESS   |   |
| CITY- ST- ZIP  | <b>CHICAGO, IL 60618</b>                       | CITY- ST- ZIP  |   |
| TITLE  | D <input type="checkbox"/> Delete              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME   | <b>JAENICKE, ALBERT</b>                        | NAME   |   |
| STREET ADDRESS   | <b>6908 ENGLEWOOD TERRACE</b>                  | STREET ADDRESS   |   |
| CITY- ST- ZIP  | <b>YAKIMA, WA 98908</b>                        | CITY- ST- ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY- ST- ZIP  |  | CITY- ST- ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY- ST- ZIP  |  | CITY- ST- ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY- ST- ZIP  |  | CITY- ST- ZIP  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 112, Florida Statutes, and 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:    |  | <b>Geoffrey M. Westapher, President 7/3/07 (513) 942-9879</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |   |