

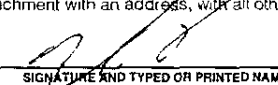


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002934 1. Entity Name 209 ASSOCIATES, INC.		
Principal Place of Business 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215-2568	Mailing Address 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215-2568	
DO NOT WRITE IN THIS SPACE		 04132004 No Chg-P CR2E034 (10/03)
		4. FEI Number 31-1320706 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DETZEL, CHRISTOPHER 540 E HORATIO AVE #202 MAITLAND, FL 32751		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 re-registering) DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CASTO, DON M III 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPT BENSON, FRANK S III 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CASTO, WILLIAM G 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUKEMAN, PAUL G 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DON M. CASTO, III <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/04 614-228-5331 <small>Date Daytime Phone #</small>