

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060263

Entity Name: CHAMPLIN/HAUPT INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

424 E 4 ST
CINCINNATI, OH 45202

New Principal Place of Business:

424 E 4TH ST
CINCINNATI, OH 45202

Current Mailing Address:

424 E 4 ST
CINCINNATI, OH 45202

New Mailing Address:

424 E 4TH ST
CINCINNATI, OH 45202

FEI Number: 31-0945295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMPLIN, RUSS
6342 MIDNIGHT PASS RD, #415
SARASOTA, FL 34242 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: P () Delete
Name: SCHILLING, ROBERT
Address: 424 E 4 ST
City-St-Zip: CINCINNATI, OH 45202

Title: EV () Delete
Name: BATTOCLETTE, MIKE
Address: 424 E 4 ST
City-St-Zip: CINCINNATI, OH 45202

Title: EV () Delete
Name: WURTENBERGER, JOAN T
Address: 424 E 4 ST
City-St-Zip: CINCINNATI, OH 45202

Title: V () Delete
Name: OBERHOLZER, BRETT
Address: 424 E 4 ST
City-St-Zip: CINCINNATI, OH 45202

Title: ST () Delete
Name: WYLER, JOHN
Address: 424 E 4 ST
City-St-Zip: CINCINNATI, OH 45202

Title: V () Delete
Name: RICHARDS, BEN
Address: 424 EAST 4TH STREET
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RITA SWEENEY

CONT

01/16/2009

Electronic Signature of Signing Officer or Director

Date