

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000497

FILED
Mar 19, 2009
Secretary of State

Entity Name: BEST UPON REQUEST CORPORATE, INC.

Current Principal Place of Business:

8170 CORPORATE PARK DRIVE STE 150
CINCINNATI, OH 45242

New Principal Place of Business:

8170 CORPORATE PARK DRIVE STE 300
CINCINNATI, OH 45242

Current Mailing Address:

8170 CORPORATE PARK DRIVE STE 150
CINCINNATI, OH 45242

New Mailing Address:

8170 CORPORATE PARK DRIVE STE 300
CINCINNATI, OH 45242

FEI Number: 31-1392410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: CP () Delete
Name: LIMA, TILLIE H
Address: 8170 CORPORATE PARK DRIVE STE 150
City-St-Zip: CINCINNATI, OH 45242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: LIMA, TILLIE H
Address: 8170 CORPORATE PARK DRIVE STE 300
City-St-Zip: CINCINNATI, OH 45242

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: MATTHEW DOLLARD

CONT

03/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date