

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002934

Entity Name: 209 ASSOCIATES, INC.

FILED  
Apr 15, 2010  
Secretary of State

**Current Principal Place of Business:**

191 W NATIONIDE BLVD STE 200  
COLUMBUS, OH 432152568

**New Principal Place of Business:**

**Current Mailing Address:**

191 W NATIONIDE BLVD STE 200  
COLUMBUS, OH 432152568

**New Mailing Address:**

FEI Number: 31-1320706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DETZEL, CHRISTOPHER  
540 E HORATIO AVE #202  
MAITLAND, FL 32751 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: DS  
Name: CASTO, DON M IIII  
Address: 191 W NATIONIDE BLVD STE 200  
City-St-Zip: COLUMBUS, OH 43215

Title: DPT  
Name: BENSON, FRANK S III  
Address: 191 W NATIONIDE BLVD STE 200  
City-St-Zip: COLUMBUS, OH 43215

Title: DV  
Name: CASTO, WILLIAM G  
Address: 191 W NATIONIDE BLVD STE 200  
City-St-Zip: COLUMBUS, OH 43215

Title: V  
Name: LUKEMAN, PAUL G  
Address: 191 W NATIONIDE BLVD STE 200  
City-St-Zip: COLUMBUS, OH 43215

I hereby 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 all other like empowered.

SIGNATURE: DON M CASTO, III

DS

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date