

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007705

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**2076756924CC**

**Entity Name:** CORNERSTONE LOGISTICS CENTRE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

629 N HIGH STREET  
SUITE 500  
COLUMBUS, OH 43215-7050

**Current Mailing Address:**

629 N HIGH STREET  
SUITE 500  
COLUMBUS, OH 43215-7050 US

**FEI Number: 20-3179504**

**Certificate of Status Desired: No**

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title DP  
Name PIZZUTI, JOEL S  
Address 629 N HIGH STREET  
SUITE 500  
City-State-Zip: COLUMBUS OH 43215-7050

Title DVS  
Name WEST, SCOTT B  
Address 629 N HIGH STREET  
SUITE 500  
City-State-Zip: COLUMBUS OH 43215-7050

Title VP  
Name COLEMAN, NAEEM  
Address 200 EAST ROBINSON STREET  
SUITE 555  
City-State-Zip: ORLANDO FL 32801

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT B. WEST**

**EVP**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date