

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002950

Entity Name: THE OHIO ANDERSONS, INC.**Current Principal Place of Business:**480 W. DUSSEL DR.
MAUMEE, OH 43547**Current Mailing Address:**P.O. BOX 119
MAUMEE, OH 43537**FEI Number: 34-1562374****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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	P
Name	ADDIS, DENNIS J.
Address	480 W. DUSSEL DR.
City-State-Zip:	MAUMEE OH 43547

Title	P
Name	ANDERSON, DANIEL T.
Address	480 W. DUSSEL DR.
City-State-Zip:	MAUMEE OH 43547

Title	DPCE
Name	ANDERSON, MICHAEL J.
Address	480 W. DUSSEL DR.
City-State-Zip:	MAUMEE OH 43547

Title	COO
Name	REED, HAROLD M.
Address	480 W. DUSSEL DR.
City-State-Zip:	MAUMEE OH 43547

Title	VPCS
Name	BURCHINOW, NARAN U.
Address	480 W. DUSSEL DR.
City-State-Zip:	MAUMEE OH 43547

Title	D
Name	KILBANE, CATHERINE M.
Address	29644 LAKE RD.
City-State-Zip:	BAY VILLAGE OH 44144

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: NARAN U. BURCHINOW**SECRETARY****04/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date