

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000000411

Entity Name: FANNING/HOWEY ASSOCIATES, INC.**Current Principal Place of Business:**540 E MARKET ST
CELINA, OH 45822**Current Mailing Address:**540 E MARKET ST
CELINA, OH 45822**FEI Number:** 34-1053065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 C
Name PAYNE, WILLIAM E
Address 350 E NEW YORK ST STE 300
City-State-Zip: INDIANAPOLIS IN 46240

Title D
Name REMENSCHNEIDER, CARLA
Address 350 E NEW YORK ST
City-State-Zip: INDIANAPOLIS IN 46240

Title DIRECTOR
Name LEHMAN, TIMOTHY
Address 540 E MARKET ST
City-State-Zip: CELINA OH 45822

Title DIRECTOR
Name FULLER, JENNIFER
Address 4930 BRADENTON AVENUE
SUITE 200
City-State-Zip: DUBLIN OH 43017

Title DT
Name WILCZYNSKI, STEPHEN J
Address 540 E MARKET ST
City-State-Zip: CELINA OH 45822

Title DP
Name RUNYON, BRUCE T
Address 4930 BRADENTON AVE STE 200
City-State-Zip: DUBLIN OH 43017

Title DIRECTOR
Name BUTLER, BRIAN
Address 350 EAST NEW YORK STREET
SUITE 300
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name MILLER, PAUL A
Address 350 EAST NEW YORK STREET
SUITE 300
City-State-Zip: INDIANAPOLIS IN 46204

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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: WILLIAM PAYNE**CONTROLLER****01/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SPRUNGER, ZACHARY
Address	350 EAST NEW YORK STREET SUITE 300
City-State-Zip:	INDIANAPOLIS IN 46204