

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90085 011 \*\*\*150.00

**DOCUMENT # 330567**

1. Entity Name  
**MHI GROUP, INC.**



Principal Place of Business

**311 ELM STREET  
SUITE 1000  
CINCINNATI, OH 45202**

Mailing Address

**259 YORKLAND ROAD  
TORONTO, ONTARIO CANADA, XX M2J5B-2 XX**

2. Principal Place of Business - No P.O. Box #

**1929 ALLEN PARKWAY**  
Suite, Apt. #, etc.

3. Mailing Address

**1929 ALLEN PARKWAY**  
Suite, Apt. #, etc.

City & State

**HOUSTON TX**

City & State

**HOUSTON TX**

4. FEI Number

**59-1214129**

Applied For

Not Applicable

Zip

**77019**

Country

**US**

Zip

**77019**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TOTTLE, WILLIAM	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, XX M2J5B2	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MATHEWES, J.C. O	
STREET ADDRESS	1680 METROPOLITAN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ANGELES, AZALEA K	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, XX M2J5B2	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, PAUL A	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, XX M2J5B2	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	NEEMAN, ELLEN	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, XX M2J5B2	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEEMAN, ELLEN	
STREET ADDRESS	259 YORKLAND ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, XX M2J5B2	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS G. BRIGGS	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI F SPILDE	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH M MARSHALL	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN GRATEK	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kevin Gratek* TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

713-522-5141