


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 345602**  
 1. Entity Name  
**TRAINING TECHNIQUES COMPANY, INC.\***



Principal Place of Business 5328 WOOSTER RD CINCINNATI, OH 45226	Mailing Address 5328 WOOSTER RD CINCINNATI, OH 45226
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1547006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BRUNETTI, B.E.  
 1656 SE 10TH TERRACE  
 FORT LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NANCE, HAROLD W 3732 WEST ST CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEPHERD, LEROY K. 8080 SHAWNEE RUN RD. CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAFFIN, CONSTANCE D. 3732 WEST ST. CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000172077  
 09/10/04-80002-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harold W. Nance (Harold W. Nance) 9/06/2004 513-871-2855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #