2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 834680

1. Entity Name
EXEL DIRECT INC.

Principal Place of Business	Mailing Address
570 POLARIS PKWY WESTERVILLE, OH 43082	570 POLARIS PKWY DENT 275 WESTERVILLE, OH 43082

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2653439
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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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
After May 1, 2007 Fee will be $550.00

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

U00000585054
01/12/07-80063-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VIEIRA, DAVID
STREET ADDRESS	570 POLARIS PARKWAY
CITY-ST-ZIP	WESTERVILLE, OH 43082
TITLE	GCSD
NAME	BORATYN, MARTIN T
STREET ADDRESS	570 POLARIS PARKWAY
CITY-ST-ZIP	WESTERVILLE, OH 43082
TITLE	VP
NAME	CRUMBLEY, ROBERT J
STREET ADDRESS	1911 WILLIAMS DRIVE
CITY-ST-ZIP	OXNARD, CA 93036
TITLE	T
NAME	ALBARANO, RENEE
STREET ADDRESS	570 POLARIS PARKWAY
CITY-ST-ZIP	WESTERVILLE, OH 43082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 01/08/07 614-865-8910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #