


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 848723**  
 1. Entity Name  
**TAPE PRODUCTS COMPANY**



Principal Place of Business  
**11630 DEERFIELD RD  
 CINCINNATI, OH 45242**

Mailing Address  
**11630 DEERFIELD RD  
 CINCINNATI, OH 45242**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**31-0731346**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DR STE 4  
 WESTON, FL 33331**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

U00000929971  
 02/26/08-80065-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FETTE, JOHN A 11630 DEERFIELD RD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETTE, JANET F 11630 DEERFIELD RD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FETTE, WILLIAM J 11630 DEERFIELD RD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV GABBARD, R. STEPHEN 11630 DEERFIELD RD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAZIER, GAIL B 11630 DEERFIELD RD CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAGRISE, CYNTHIA L 11630 DEERFIELD RD CINCINNATI, OH 45242

**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: *R. Stephen Gabbard* 1/31/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #