

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851243

FILED
Feb 28, 2008
Secretary of State

Entity Name: THE GUARANTEE TITLE AND TRUST COMPANY

Current Principal Place of Business:

8280 MONTGOMERY RD
SUITE 200
CINCINNATI, OH 45236 US

Current Mailing Address:

8280 MONTGOMERY RD
SUITE 200
CINCINNATI, OH 45236 US

New Principal Place of Business:

8280 MONTGOMERY RD
SUITE 201
CINCINNATI, OH 452366101 US

New Mailing Address:

5370 W 95TH ST
PRAIRIE VILLAGE, KS 662073204 US

FEI Number: 31-4196950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONGAN, THOMAS H
Address: 8280 MONTGOMERY RD, STE 200
City-St-Zip: CINCINNATI, OH 45236

Title: D () Delete
Name: GUS, PERDIKAKIS G
Address: 8280 MONTGOMERY RD, STE 200
City-St-Zip: CINCINNATI, OH 45236

Title: D (X) Delete
Name: BURDSALL, THEODORE F II
Address: 8280 MONTGOMERY RD, STE 200
City-St-Zip: CINCINNATI, OH 45236

Title: VP (X) Delete
Name: BRITT, CURTIS D
Address: 8280 MONTGOMERY RD, STE 200
City-St-Zip: CINCINNATI, OH 45236

Title: CEO (X) Delete
Name: BLOMQUIST, HIRAM E
Address: 5370 W 95TH STREET
City-St-Zip: PRAIRIE VILLAGE, KS 66207

Title: S (X) Delete
Name: ENZWEILER, MARY JO
Address: 8280 MONTGOMERY ROAD, STE 200
City-St-Zip: CINCINNATI, OH 45236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: LIKENS, CHRISTOPHER M
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: DP (X) Change () Addition
Name: BLOMQUIST, HIRAM E
Address: 5370 W 95TH ST
City-St-Zip: PRAIRIE VILLAGE, KS 662073204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HIRAM E. BLOMQUIST

DP

02/28/2008

Electronic Signature of Signing Officer or Director

Date