

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001498

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: LITHKO CONTRACTING, INC.

**Current Principal Place of Business:**

5353 HAMILTON-MIDDLETOWN PIKE  
HAMILTON, OH 45011

**New Principal Place of Business:**

**Current Mailing Address:**

900 N GARVER RD  
ATTN: TAX DEPT  
MONROE, OH 45050

**New Mailing Address:**

FEI Number: 43-1214734      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  
SUITE 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: V ( ) Delete  
Name: HOSSFELD, PERRY J  
Address: 2500 HIXSON STREET  
City-St-Zip: POWELL, OH 43065

Title: D ( ) Delete  
Name: HOSSFELD, PERRY J  
Address: 2500 HIXSON STREET  
City-St-Zip: POWELL, OH 43065

Title: TS ( ) Delete  
Name: DITTMAN, CHRIS K  
Address: 1259 PARK AVE  
City-St-Zip: HAMILTON, OH 45013

Title: PD ( ) Delete  
Name: STROBEL, ROBERT  
Address: 15 BEACHWOOD CT  
City-St-Zip: BATESVILLE, IN 47006

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TS (X) Change ( ) Addition  
Name: ALBANESE, BRIAN  
Address: 6954 WOODSEGE DR  
City-St-Zip: CINCINNATI, OH 45230

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: ROBERT J STROBEL

PD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date