

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001939**

**1. Entity Name**  
**KINSMAN PROPERTIES CORPORATION**



**Principal Place of Business**

**2201 RIVERSIDE DRIVE  
COLUMBUS, OH 43221**

**Mailing Address**

**2201 RIVERSIDE DRIVE  
COLUMBUS, OH 43221**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**31-1653411**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**TATE, MARK T  
212 S. MAGNOLIA AVE.  
TAMPA, FL 33606**

**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**

*Signature, typed or printed name of registered agent and title if applicable*

*(NOTE: Registered Agent signature required when reinstating)*

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>CD</b>
<b>NAME</b>	<b>STEINBRENNER, HENRY G</b>
<b>STREET ADDRESS</b>	<b>ONE STEINBRENNER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33614</b>
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>STEINBRENNER, HAROLD Z</b>
<b>STREET ADDRESS</b>	<b>ONE STEINBRENNER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33614</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>SWINDAL, STEPHEN W</b>
<b>STREET ADDRESS</b>	<b>ONE STEINBRENNER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33614</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>STEIMLE, DONALD L</b>
<b>STREET ADDRESS</b>	<b>ONE STEINBRENNER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33614</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>SWINDAL, JENNIFER S</b>
<b>STREET ADDRESS</b>	<b>ONE STEINBRENNER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33614</b>
<b>TITLE</b>	<b>ASD</b>
<b>NAME</b>	<b>STALLINGS, NORMAN JR.</b>
<b>STREET ADDRESS</b>	<b>ONE STEINBRENNER DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33614</b>

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05/16/06-80019-004 150.00

**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:**

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

**Harold Z Steinbrenner 4/27/06 813.673.3130**

*Date*

*Daytime Phone if*