


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000213 1. Entity Name OBERLIN FINANCIAL CORP.	
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Principal Place of Business
209 NORTH MAIN STREET
BRYAN, OH 43506

Mailing Address
P.O. BOX 998
BRYAN, OH 43506



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1905835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO OBERLIN, EARL C III 209 NORTH MAIN STREET BRYAN, OH 43506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD OBERLIN, EARL C III 209 NORTH MAIN STREET BRYAN, OH 43506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS POWERS, JILL R 209 NORTH MAIN STREET BRYAN, OH 43506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO HOFBAUER, THOMAS W 209 NORTH MAIN STREET BRYAN, OH 43506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO HESS, STEPHEN B 209 NORTH MAIN STREET BRYAN, OH 43506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OBERLIN, PAULINE 209 NORTH MAIN STREET BRYAN, OH 43506

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01/13/04-80020-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen B. Hess Stephen B. Hess 1/6/04 (419) 636-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #