


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90560 016 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # F01000001161 | | | |  | |
| 1. Entity Name AAC CONSULTING GROUP, INC. | | | | | |
| Principal Place of Business 7361 CALHOUN PLACE, SUITE 500 ROCKVILLE, MD 20855 | | | Mailing Address C/O KENDLE INTERNATIONAL, INC. 1200 CAREW TOWER, 441 VINE STREET CINCINNATI, OH 45202 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 52-1034846 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete CELESTE, ANTHONY C 5900 MAPLEWOOD PARK PLACE BETHESDA, MD 20814 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS <input type="checkbox"/> Delete GADDIS, STACEY H 8245 TIDEWATER COURT CINCINNATI, OH 45255 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD <input type="checkbox"/> Delete KENDLE, CANDACE 9190 CAMARGO ROAD CINCINNATI, OH 45243 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COOD <input type="checkbox"/> Delete BERGEN, CHRISTOPHER 9190 CAMARGO ROAD CINCINNATI, OH 45243 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOD <input type="checkbox"/> Delete BRENKERT, KARL III 981 PAXTON LAKE DRIVE LOVELAND, OH 45140 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS <input type="checkbox"/> Delete PONTIUS, JARROD B 6193 REDHAWK COURT LOVELAND, OH 45140 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: Jeffrey A. Glancy | | | | 04/27/2005 (513) 562-1764 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |