

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 017 \*\*\*150.00

**DOCUMENT # F01000001407**

1. Entity Name  
**HUNTINGTON ASSET ADVISORS, INC.**



Principal Place of Business  
**41 SOUTH HIGH STREET  
ATTN: LEGAL DEPT HC-1032  
COLUMBUS, OH 43215**

Mailing Address  
**41 SOUTH HIGH STREET  
ATTN: LEGAL DEPT HC-1032  
COLUMBUS, OH 43215**

40055000



05122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1759224</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTOR, DAVID 41 SOUTH HIGH STREET COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORN, RONALD J 41 SOUTH HIGH STREET COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATEMAN, B. RANDOLPH 41 SOUTH HIGH STREET COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANE, EDWARD J. 41 S. HIGH STREET ( HC 0910) COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STORY, A. DAWN 41 S. HIGH STREET ( HC 0910) COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*A. Dawn Story*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/16/06*  
Date

*614-480-3655*  
Daytime Phone #