


**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**

**DO NOT WRITE IN THIS SPACE**

05122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**31-1759224**

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**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: A. Dawn Story **S/16/06** **614-420-3655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #