2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001407

Entity Name: HUNTINGTON ASSET ADVISORS, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
ATTN: LEG	HIGH STREI GAL DEPT HO JS, OH 43215	C-1032			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
ATTN: LEG	I HIGH STREI GAL DEPT HO JS, OH 43215	C-1032			
FEI Number:	: 31-1759224	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ON, FL 3332	ND ROAD			
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	ng Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T (CASTOR, DAV 41 SOUTH HIG COLUMBUS, C	SH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (CORN, RONAL 41 SOUTH HIG COLUMBUS, C	SH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (BATEMAN, B. 41 SOUTH HIG COLUMBUS, C	SH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KANE, EDWAR	REET (HC 0910)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STORY, A. DA) Delete WN REET (HC 0910)	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: A DAWN STORY VP 04/24/2008

City-St-Zip: COLUMBUS, OH 43215