

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004947

Entity Name: QQAGENCY OF OHIO, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

250 EAST FIFTH STREET
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

250 EAST FIFTH STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 34-1960610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, JR., BILLY B
Address: 5508 PARKCREST DRIVE
City-St-Zip: AUSTIN, TX 78731

Title: SD () Delete
Name: MUETHING, MARK F
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: TD () Delete
Name: MILIANO, CHRISTOPHER P
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: AT () Delete
Name: MISCHELL, THOMAS E
Address: ONE EAST FOURTH STREET, 8TH FLOOR
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: PRAGER, MICHAEL J
Address: 525 VINE STREET
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: SCHEPER, CHARLES R
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: THOMAS E. MISCHELL

AT

04/10/2008

Electronic Signature of Signing Officer or Director

Date