

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000006292

1. Entity Name
SHV NORTH AMERICA CORPORATION



Principal Place of Business
102 WEST WHITING STREET, SUITE 102
TAMPA, FL 33602

Mailing Address
300 PIKE STREET
CINCINNATI, OH 45202



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2727622

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

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000339403
04/28/05-80071-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRASS, KEITH B
STREET ADDRESS 300 PIKE STREET
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE VSD
NAME GOETZ, JAMES H
STREET ADDRESS 300 PIKE STREET
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE AS
NAME BEDELL, CHRISTOPHER J
STREET ADDRESS 300 PIKE STREET
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE T
NAME MCINTYRE, JERE R
STREET ADDRESS 300 PIKE STREET
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE CEO
NAME KENNEDY, PATRICK
STREET ADDRESS RIJNKADE 1 3511 LC UTRECHT
CITY-ST-ZIP THE NEVERLANDS,

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 exemption stated in Section 119.07(3)(f), 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:

Jere R McIntyre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jere R. McIntyre
Treasurer

Date

Daytime Phone #

(513)
4-25-05 419-6200