


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # F01000006292 1. Entity Name SHV NORTH AMERICA CORPORATION	
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Principal Place of Business 102 WEST WHITING STREET, SUITE 102 TAMPA, FL 33602	Mailing Address 300 PIKE STREET CINCINNATI, OH 45202
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2727622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRASS, KEITH B 300 PIKE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOETZ, JAMES H 300 PIKE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BEDELL, CHRISTOPHER J 300 PIKE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCINTYRE, JERE R 300 PIKE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KENNEDY, PATRICK RIJNKADE 1 3511 LC UTRECHT THE NEVERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTIN, EVERETT N 300 PIKE ST CINCINNATI, OH 45202

**DO NOT WRITE
IN THIS SPACE**

UD00000733792
05/09/07-80099-021 150.00

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:  **4/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #