


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90201 034 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F02000002353</b>					
1. Entity Name <b>SCHOTTENSTEIN PROFESSIONAL ASSET MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>1800 MOLER ROAD COLUMBUS, OH 43207</b>			Mailing Address <b>1800 MOLER ROAD COLUMBUS, OH 43207</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>31-1289300</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fees Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	SCHOTTENSTEIN, JAY L				
STREET ADDRESS	1800 MOLER ROAD				
CITY-ST-ZIP	COLUMBUS, OH 43207				
TITLE	VTD	<input checked="" type="checkbox"/> Delete			
NAME	KETTELER, THOMAS R				
STREET ADDRESS	1800 MOLER ROAD				
CITY-ST-ZIP	COLUMBUS, OH 43207				
TITLE	V	<input type="checkbox"/> Delete			
NAME	SWANSON, JEFFRY D				
STREET ADDRESS	1800 MOLER ROAD				
CITY-ST-ZIP	COLUMBUS, OH 43207				
TITLE	VSD	<input type="checkbox"/> Delete			
NAME	BAIN, IRWIN A				
STREET ADDRESS	1800 MOLER ROAD				
CITY-ST-ZIP	COLUMBUS, OH 43207				
TITLE	V	<input type="checkbox"/> Delete			
NAME	KRANER, BENTON E				
STREET ADDRESS	1800 MOLER ROAD				
CITY-ST-ZIP	COLUMBUS, OH 43207				
TITLE	V	<input type="checkbox"/> Delete			
NAME	ARNDT, ED				
STREET ADDRESS	1800 MOLER ROAD				
CITY-ST-ZIP	COLUMBUS, OH 43207				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Jeffrey D Swanson				
STREET ADDRESS	1800 Moler Road				
CITY-ST-ZIP	Columbus OH 43207				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Irwin A. Bain</u> Secretary <u>4/26/05</u> <u>614-221-9200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					