2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # F02000004340 1. Entity Name 04-12-2004 90668 012 \*\*\*150.00 AMERICAN SIGNATURE, INC. Principal Place of Business Mailing Address 1800 MOLER ROAD 1800 MOLER ROAD COLUMBUS OH 43207 COLUMBUS OH 43207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 42-1546162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ecretari TITI F ☐ Delete TITLE Change Addition SCHOTTENSTEIN, JAY L Tod NAME NAME STREET ADDRESS 1800 MOLER ROAD STREET ADDRESS moles COLUMBUS OH 43207 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition THOMPSON, DAVID W NAME NAME STREET ADDRESS 1800 MOLER ROAD STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43207 CITY-ST-ZIP VΡ TITLE Delete ☐ Change ☐ Addition NAME. .... BEAVIN, TIM-----NAME STREET ADDRESS 1800 MOLER ROAD STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43207 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition LONGER, DAVID NAME NAME 1800 MOLER ROAD STREET ADDRESS STREET ADDRESS COLUMBUS OH 43207 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAAB, STEVEN NAME NAME 1800 MOLER ROAD STREET ADDRESS STREET ADDRESS COLUMBUS OH 43207 CITY-ST-ZIP CITY-ST-ZIP VP Addition TITLE ☐ Delete TITLE ☐ Change TITTLE, GARY NAME NAME 1800 MOLER ROAD STREET ADDRESS STREET ADDRESS COLUMBUS OH 43207 CITY-ST-7IP 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 bath; 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

SIGNATURE:

TO FINAN (Secrety)

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

FILED