

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000006366

1. Entity Name
AKSM/GUILD, INC.



Principal Place of Business
**100 W. THIRD AVE ST 350
COLUMBUS, OH 43201**

Mailing Address
**100 W. THIRD AVE ST 350
COLUMBUS, OH 43201**

RECEIVED
JAN 25 2006
By _____



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1749163 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

100000141 2898
02/13/06-80070-020 150.00

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

*Sandra -
Please pay - Thanks -*

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WISE, HENRY A II M.D.
STREET ADDRESS	100 W. THIRD AVE ST 350
CITY-ST-ZIP	COLUMBUS, OH 43201
TITLE	V
NAME	STEVENS, ANN
STREET ADDRESS	100 W. THIRD AVE ST 350
CITY-ST-ZIP	COLUMBUS, OH 43201
TITLE	CFO
NAME	HUGHES, RIC
STREET ADDRESS	100 W. THIRD AVE ST 350
CITY-ST-ZIP	COLUMBUS, OH 43201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/06