


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006427	
1. Entity Name MAS-LMBC, INC.	

Principal Place of Business 1105 SCHROCK ROAD, STE. 206 COLUMBUS, OH 43229	Mailing Address 1105 SCHROCK ROAD, STE. 206 COLUMBUS, OH 43229
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1858261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ICARDI, JEFFREY A ESQ 549 WYMORE ROAD NORTH, STE. 109 MAITLAND, FL 32751

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPT WHALEY, RICHARD J 1105 SCHROCK ROAD, STE. 206 COLUMBUS, OH 43229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS MCVAY, THOMAS D 1105 SCHROCK ROAD, STE. 206 COLUMBUS, OH 43229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS DEAN, DENNIS E 1105 SCHROCK ROAD, STE. 206 COLUMBUS, OH 43229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/26/04-80017-019 150.00

**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)(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:  4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #