2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 15, 2009
Secretary of State

DOCUMENT# F03000004828

Entity Name: NAP INVESTMENTS MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

1080 HOLCOMB BRIDGE RD., BLDG 200 STE 150
ROSWELL, GA 30076

New Principal Place of Business:

Current Mailing Address:

1080 HOLCOMB BRIDGE RD., BLDG 200 STE 150
ROSWELL, GA 30076

New Mailing Address:

212 EAST THIRD STREET, SUITE 300
CINCINNATI, OH 45202

FEI Number: 58-2439551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAFELE, DALE G
7500 COLLEGE PKWY
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WILLIAMS, THOMAS L
Address: 212 E. THIRD ST., STE. 300
City-St-Zip: CINCINNATI, OH 45202

Title: CEO ( ) Delete
Name: WILLIAMS, THOMAS L
Address: 212 E. THIRD ST., STE. 300
City-St-Zip: CINCINNATI, OH 45202

Title: S ( ) Delete
Name: WILLIAMS, W. JOSEPH JR.
Address: 212 E. THIRD ST., STE. 300
City-St-Zip: CINCINNATTI, OH 45202

Title: T ( ) Delete
Name: RILEY, KEVIN P
Address: 212 E. THIRD ST., STE. 300
City-St-Zip: CINCINNATTI, OH 45202

Title: VP ( ) Delete
Name: MCINTYRE, SHAWN R
Address: 7500 COLLEGE PKWY
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HAFELE, DALE G
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T/AS (X) Change ( ) Addition
Name: RILEY, KEVIN P
Address: 212 E. THIRD ST., STE. 300
City-St-Zip: CINCINNATTI, OH 45202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: BROWNE, GREG
Address: 7500 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN P. RILEY T 12/15/2009

Electronic Signature of Signing Officer or Director Date