2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005392

Entity Name: APPLIED INNOVATION INC. OF OHIO

FILED Aug 29, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	VATION DRIVE				
Current Mailing Address:			New Maili	New Mailing Address:	
5800 INNOVATION DRIVE DUBLIN, OH 43016					
FEI Number:	31-1177192	FEI Number Applied For () FEI	Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Addre				Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.					
SIGNATUR		c Signature of Registered Agent		 Date	
Election Cam	e with s. 607.193	(2)(b), F.S., the corporation did not recei Trust Fund Contribution().			
Title: Name: Address: City-St-Zip:	PD () I LARGENT, WILL 5800 INNOVATIO DUBLIN, OH 430	DN DRIVE	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition LARGENT, WILLIAM H 5800 INNOVATION DRIVE DUBLIN, OH 43016	
Title: Name: Address: City-St-Zip:	VT () I DOSCH, ANDRE 5800 INNOVATIO DUBLIN, OH 430	ON DRIVE	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition FRATIANNE, JULIA A 5800 INNOVATION DRIVE DUBLIN, OH 43016	
Title: Name: Address: City-St-Zip:	LOVELAND, CUF	STREET, SUITE 2800	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [MOERSDORF, G 5800 INNOVATIO DUBLIN, OH 430	ON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [HUSEBY, THOM, 217 SEAGULL L, SARASOTA, FL	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I OLIVER, RICHAR 5800 INNOVATIO DUBLIN, OH 430	ON DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JONES, KENNETH E 5800 INNOVATION DRIVE DUBLIN, OH 43016	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA A TODD CONT 08/29/2006