## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # FU30000006 R HILL SERVICES, INC.	394			Sec	retary of St	ate
Principal Place 6800 CINTA MASON, OH		Mailing Address PO BOX 625737 CINCINNATI, OH 45262-573	7				<i></i>
		The state of the s					
	O NOT WOITE	IN THIS COA	<b>0</b> E	04252005	No Chg-P	CR2E034 (10/03)	
Ĺ.	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 31-135		Applied Not Ap	d For oplicable
				5. Certificate	of Status Desired	\$8.75 Addition Fee Required	nal
<u> </u>	6. Name and Address of Current I	Registered Agent	   (全面)  現場				3
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE				
				IN 1	THIS SF	ACE	
	named entity submits this statement for tions of registered agent.  Signature, typod or printed name of registered agent to	- · · · · · · · · · · · · · · · · · · ·	red office or register	· · · · · · · · · · · · · · · · · · ·	h, in the State of Flo	orida. I am familiar with, and	accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina  10 Trust Fund Contribution		.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	<u> </u>	,,	<del> </del>	V	
TITLE	DS					~~	
NAME	COLETTI, ROBERT E	**	}			0341859	~~
STREET ADDRESS CITY-ST-ZIP	PO BOX 625737 CINCINNATI, OH 45262	• • • • • • • • • • • • • • • • • • • •	···	·	- 44/25/U5 	-80032-017 150.	IJŲ
TITLE	DP	<del></del>					
NAME	ROEDING, RICHARD L JR			<del></del>		5 115 1	*• '-
STREET ADDRESS	PO BOX 625737	_	]				

CITY-ST-ZIP CINCINNATI, OH 45262 TITLE FARMER, SCOTT D NAME PO BOX 625737 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CINCINNATI, OH 45262 VΡ IN THIS SPACE TITLE GARDNER, JAMES J NAME STREET ADDRESS PO BOX 625737 CITY-ST-ZIP CINCINNATI, OH 45262 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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)(f), 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

125/05 (513) 459- 1085