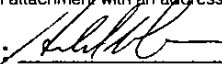


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90001 036 ***150.00

DOCUMENT # F04000002858 1. Entity Name GEORGESVILLE ROAD COMMERCE CENTER, INC.					
Principal Place of Business 165 WEST MAIN STREET NEW ALBANY, OH 43054			Mailing Address 165 WEST MAIN STREET NEW ALBANY, OH 43054		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 780 Suite, Apt. #, etc.			
City & State Zip Country		City & State New Albany OH10 Zip Country 43054 USA		4. FEI Number 31-1295374	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WOLMAN, HERBERT P 165 WEST MAIN STREET NEW ALBANY, OH 43054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 780 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLMAN, JANICE F 165 WEST MAIN STREET NEW ALBANY, OH 43054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 780 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  HERBERT P. WOLMAN			8-30-06		614-939-5456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #