

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003847

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: STEVEN SCHAEFER ASSOCIATES, INC.

## Current Principal Place of Business:

10411 MEDALLION DRIVE STE. 121  
CINCINNATI, OH 45241

## New Principal Place of Business:

10411 MEDALLION DRIVE  
SUITE 121  
CINCINNATI, OH 452414808 US

## Current Mailing Address:

10411 MEDALLION DRIVE  
SUITE 121  
CINCINNATI, OH 45241

## New Mailing Address:

10411 MEDALLION DRIVE  
SUITE 121  
CINCINNATI, OH 452414808 US

FEI Number: 31-0964154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: SCHAEFER, STEVEN E  
Address: 8549 WUEST ROAD  
City-St-Zip: CINCINNATI, OH 45251

Title: P ( ) Delete  
Name: MILLER, JAMES R  
Address: 4279 MARCREST DRIVE  
City-St-Zip: CINCINNATI, OH 45211

Title: POB ( ) Delete  
Name: SCHWIETER, EDWARD W  
Address: 5460 LONGLAKE COURT  
City-St-Zip: CINCINNATI, OH 45211

Title: T ( ) Delete  
Name: CLARK, DANIEL J  
Address: 2472 WASHINGTON AVE.  
City-St-Zip: CINCINNATI, OH 45231

Title: S ( ) Delete  
Name: MOSTER, WILLIAM C  
Address: 2934 STRUBLE RD  
City-St-Zip: CINCINNATI, OH 45251

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DIANA J. STRINE, ADMINISTRATIVE ASSISTANT

AA

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date