

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003847

FILED
Feb 15, 2010
Secretary of State

Entity Name: STEVEN SCHAEFER ASSOCIATES, INC.

Current Principal Place of Business:

10411 MEDALLION DRIVE
SUITE 121
CINCINNATI, OH 452414808 US

New Principal Place of Business:

Current Mailing Address:

10411 MEDALLION DRIVE
SUITE 121
CINCINNATI, OH 452414808 US

New Mailing Address:

FEI Number: 31-0964154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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
Name: SCHAEFER, STEVEN E
Address: 8549 WUEST ROAD
City-St-Zip: CINCINNATI, OH 45251

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

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

Title: VP
Name: RILEY, GREGORY J
Address: 5882 HOMECREST LANE
City-St-Zip: MASON, OH 45040

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

Title: VP
Name: ASHBAUGH, JOHN R
Address: 8252 CAMARGO RD
City-St-Zip: CINCINNATI, OH 45243

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. MILLER

PRES

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date