

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004746

FILED
Feb 17, 2009
Secretary of State

Entity Name: GUARDIAN FINANCE COMPANY

Current Principal Place of Business:

2503 HILLIARD ROME RD
HILLIARD, OH 43026

New Principal Place of Business:

Current Mailing Address:

2503 HILLIARD ROME RD
HILLIARD, OH 43026

New Mailing Address:

FEI Number: 31-1639002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: DELAWDER, C. DANIEL
Address: C/O PARK NATIONAL BANK 50 NORTH THIRD ST
City-St-Zip: NEWARK, OH 43058

Title: D () Delete
Name: TROUTMAN, DAVID
Address: C/O PARK NATIONAL BANK 50 NORTH THIRD ST
City-St-Zip: NEWARK, OH 43058

Title: D () Delete
Name: SNYDER, CHERYL
Address: C/O PARK NATIONAL BANK 50 NORTH THIRD ST
City-St-Zip: NEWARK, OH 43058

Title: P () Delete
Name: OSBORNE, EARL
Address: 2503 HILLIARD ROME RD
City-St-Zip: HILLIARD, OH 43026

Title: VP () Delete
Name: MARSH, MATTHEW
Address: 2503 HILLIARD ROME RD
City-St-Zip: HILLIARD, OH 43026

Title: S () Delete
Name: KOZAK, JOHN
Address: C/O PARK NATIONAL BANK 50 NORTH THIRD ST
City-St-Zip: NEWARK, OH 43058

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:

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: MARY PARSELL

COMP

02/17/2009

Electronic Signature of Signing Officer or Director

Date