

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006711

FILED
Jan 16, 2006
Secretary of State

Entity Name: FANNING/HOWEY ASSOCIATES, INC.

Current Principal Place of Business:

1200 IRMSCHE BOULEVARD
CELINA, OH 45822

New Principal Place of Business:

1200 IRMSCHER BOULEVARD
CELINA, OH 45822

Current Mailing Address:

1200 IRMSCHE BOULEVARD
CELINA, OH 45822

New Mailing Address:

1200 IRMSCHER BOULEVARD
CELINA, OH 45822

FEI Number: 34-1053065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: MADER, DANIEL R
Address: 9025 NORTH RIVER ROAD, SUITE 200
City-St-Zip: INDIANAPOLIS, IN 462402125

Title: V () Delete
Name: WICKSTROM, DOUGLAS M
Address: 905 SOUTH WOODLAND AVENUE
City-St-Zip: MICHIGAN CITY, IN 463605672

Title: ST () Delete
Name: SPRUNGER, RANDALL L
Address: 1200 IRMSCHER BOULEVARD
City-St-Zip: CELINA, OH 45822

Title: C () Delete
Name: FANNING, RONALD H
Address: 540 EAST MARKET STREET
City-St-Zip: CELINA, OH 45822

Title: VC () Delete
Name: HOWEY, CLAIR E
Address: 4930 BRADENTON AVENUE
City-St-Zip: DUBLIN, OH 430177599

Title: D () Delete
Name: HALL, MICHAEL E
Address: 7400 RIVER ROAD PIKE
City-St-Zip: NASHVILLE, TN 37209

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 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: PAMELA E WEHRKAMP

ACCT

01/16/2006

Electronic Signature of Signing Officer or Director

Date