2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# F05000007257

Entity Name: LOUIS PERRY & ASOCIATES, INC.

Current Principal Place of Business:

165 SMOKERISE DRIVE
WADSWORTH, OH 44281

New Principal Place of Business:

Current Mailing Address:

165 SMOKERISE DRIVE
WADSWORTH, OH 44281

New Mailing Address:

FEI Number: 34-1480560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OFFICERS AND DIRECTORS:

Title: CPD
Name: PERRY, LOUIS B
Address: 434 DOHNER DRIVE
City-St-Zip: WADSWORTH, OH 44281

Title: D
Name: TYLKA, STEPHEN J
Address: 821 HIGHLAND AVE.
City-St-Zip: WADSWORTH, OH 44281

Title: ST
Name: PERRY, JOAN M
Address: 434 DOHNER DRIVE
City-St-Zip: WADSWORTH, OH 44281

Title: OFF
Name: PAYNE, THOMAS R
Address: 165 SMOKERISE DRIVE
City-St-Zip: WADSWORTH, OH 44281 US

Title: OFF
Name: RISSMILLER, RICHARD W
Address: 165 SMOKERISE DRIVE
City-St-Zip: WADSWORTH, OH 44281 US

Title: VP
Name: CALDERONE, JAMES T
Address: 165 SMOKERISE DRIVE
City-St-Zip: WADSWORTH, OH 44281 US

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: LOUIS B. PERRY PRES 01/11/2012

Electronic Signature of Signing Officer or Director — Date