

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004839

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: PETERS, TSCHANTZ & ASSOCIATES, INC.

## Current Principal Place of Business:

275 SPRINGSIDE DRIVE  
AKRON, OH 44333

## New Principal Place of Business:

275 SPRINGSIDE DRIVE  
SUITE 300  
AKRON, OH 44333

## Current Mailing Address:

275 SPRINGSIDE DRIVE  
AKRON, OH 44333

## New Mailing Address:

275 SPRINGSIDE DRIVE  
SUITE 300  
AKRON, OH 44333

FEI Number: 34-1226091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C ESQ.  
76 LAURA STREET  
SUITE 2100, SUN TRUST BLDG.  
JACKSONVILLE, FL 32202 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: CHRM ( ) Delete  
Name: PETERS, JAMES E  
Address: 510 SPRING VALLEY DRIVE  
City-St-Zip: WADSWORTH, OH 44281

Title: P ( ) Delete  
Name: PETERS, JAMES E  
Address: 510 SPRING VALLEY DRIVE  
City-St-Zip: WADSWORTH, OH 44281

Title: STD ( ) Delete  
Name: TSCHANTZ, DAVID P  
Address: 336 MELBOURNE AVENUE  
City-St-Zip: AKRON, OH 44313

## 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:

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: JAMES E. PETERS

CHRM

03/05/2009

Electronic Signature of Signing Officer or Director

Date