

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90002 004 \*\*\*\*70.00

**DOCUMENT # F07000001079**

1. Entity Name  
**AMERICAN MOTORCYCLE ASSOCIATION  
INCORPORATED**



Principal Place of Business  
**13515 YARMOUTH DR  
PICKERINGTON, OH 43147**

Mailing Address  
**13515 YARMOUTH DR  
PICKERINGTON, OH 43147**

**DO NOT WRITE IN THIS SPACE**

08062008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**31-4115710**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINGMAN, ROBERT 7352 HAMPSTEAD SQ NEW ALBANY, OH 43054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>DIPIETRO, PATRICIA</del> <del>153 KRISTIN CT</del> <del>WESTERVILLE, OH 43081</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Administration Robert Chaddock 4904 Hampstead Square E New Albany, OH 43054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Brenda Richman HR Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08 604-856-1900

Date

Daytime Phone #