

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F07000001706**

1. Entity Name  
M.P. DORY CO.



Principal Place of Business  
2001 INTEGRITY DR. S  
COLUMBUS, OH 43209

Mailing Address  
2001 INTEGRITY DR. S  
COLUMBUS, OH 43209



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1115885

Applied For  
Not Applicable

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

**FILE NOW!!! - FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
KUHN, THOMAS  
2001 INTEGRITY DR. S  
COLUMBUS, OH 43209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCVP  
CEBULL, CHRISTOPHER  
2001 INTEGRITY DR. S  
COLUMBUS, OH 43209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
KUHN, JEFFERY  
2001 INTEGRITY DR. S  
COLUMBUS, OH 43209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000956956  
08/04/08-80004-004 150.00

**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 607, 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:

*Jeffery L. Kuhn*

7-29-08

614-444-2138