

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004294

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: PRODUCERS CREDIT CORPORATION

## Current Principal Place of Business:

8351 N. HIGH ST., SUITE 250  
COLUMBUS, OH 43235

## New Principal Place of Business:

## Current Mailing Address:

8351 N. HIGH ST., SUITE 250  
COLUMBUS, OH 43235

## New Mailing Address:

FEI Number: 31-4440318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CD ( ) Delete  
Name: TORRENS, PHIL  
Address: 17000 TORRENS RD.  
City-St-Zip: UTICA, OH 43080

Title: VCD ( ) Delete  
Name: ORR, LYNN  
Address: 7625 CUTTER RD.  
City-St-Zip: FREDERICKSBURG, OH 44627

Title: PCEO ( ) Delete  
Name: BOLLING, DENNIS  
Address: 8351 N. HIGH ST., SUITE 250  
City-St-Zip: COLUMBUS, OH 43235

Title: SRV ( ) Delete  
Name: LITTLE, MARK  
Address: 8351 N. HIGH ST., SUITE 250  
City-St-Zip: COLUMBUS, OH 43235

Title: CFOT ( ) Delete  
Name: WERSTAK, JOSEPH  
Address: 8351 N. HIGH ST., SUITE 250  
City-St-Zip: COLUMBUS, OH 43235

Title: AT ( ) Delete  
Name: WARNER, BRAD  
Address: 8351 N. HIGH ST., SUITE 250  
City-St-Zip: COLUMBUS, OH 43235

## 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 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: MARK LITTLE

SRV

06/15/2009

Electronic Signature of Signing Officer or Director

Date