

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F28396

FILED
Jul 08, 2008
Secretary of State

Entity Name: NATIONAL INVESTMENT MANAGERS INC.

Current Principal Place of Business:

485 METRO PLACE SOUTH
SUITE 275
DUBLIN, OH 43017

New Principal Place of Business:

Current Mailing Address:

485 METRO PLACE SOUTH
SUITE 275
DUBLIN, OH 43017

New Mailing Address:

FEI Number: 59-2091510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301 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: DS () Delete
Name: ROSS, STEVEN J
Address: 7 CANYON RIM
City-St-Zip: NEWPORT COAST, CA 92657

Title: CD () Delete
Name: BERMAN, RICHARD J
Address: 420 LEXINGTON AVE #450
City-St-Zip: NEW YORK, NY 10170

Title: D () Delete
Name: RUCHEFSKY, STEVEN J
Address: 800 WESTCHESTER AVE
City-St-Zip: RYE BROOK, NY 10573

Title: D () Delete
Name: EMIL, ARTHUR D
Address: 420 LEXINGTON AVE #2400
City-St-Zip: NEW YORK, NY 10170

Title: D () Delete
Name: DAVIS, JOHN M
Address: 5745 ROTHESAY DR
City-St-Zip: DUBLIN, OH 43017

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SCHROEPFER, JOHN P
Address: 390 SHELBY AVENUE E.
City-St-Zip: POWELL, OH 43065

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: STEVEN J. ROSS

DS

07/08/2008

Electronic Signature of Signing Officer or Director

Date