

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000520

FILED
Mar 09, 2005
Secretary of State

Entity Name: OHIO SAVINGS SECURITIES, INC.

Current Principal Place of Business:

200 OHIO SAVINGS PLAZA
1801 EAST NINTH STREET
CLEVELAND, OH 44114

New Principal Place of Business:

Current Mailing Address:

1801 E NINTH ST
OH99-0209
CLEVELAND, OH 44114

New Mailing Address:

FEI Number: 34-1396557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADOCK, JAMES JR. ESQ
AMTRUST BANK
5550 GLADES ROAD, SUITE 100
BOCA RATON, FL 33431 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: C () Delete
Name: GOLDBERG, DAVID
Address: 19200 S WOODLAND RD
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: VCAS () Delete
Name: GOLDBERG, ROBERT
Address: 5150 THREE VG DR UNIT 1E
City-St-Zip: LYNDHURST, OH 44124

Title: VCAS () Delete
Name: GOLDBERG, GERALD
Address: 32500 CHESTNUT LANE
City-St-Zip: PEPPER PIKE, OH 44124

Title: P () Delete
Name: YESKO, JOSEPH
Address: 88 BLACKBERRY DR
City-St-Zip: HUDSON, OH 44236

Title: S () Delete
Name: FREIMUTH, MARC W
Address: 18001 SHAKER BLVD
City-St-Zip: SHAKER HEIGHTS, OH 44120

Title: T () Delete
Name: PRESBY, ALAN W
Address: 3060 MEADOW GATEWAY
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

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: S (X) Change () Addition
Name: SOLGANIK, VIVIAN L
Address: 3330 WARRENSVILLE CENTER, #504
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIVIAN L. SOLGANIK

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03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date