2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9400000520

Entity Name: OHIO SAVINGS SECURITIES, INC.

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1801 EAST	SAVINGS PLAZ NINTH STREE D, OH 44114				
Current Mailing Address:			New Mailing Address:		
1801 EAST	AVINGS PLAZ NINTH STREE D, OH 44114				
FEI Number: 3	34-1396557	FEI Number Applied For () FE	l Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATUR	E:				
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECT	TORS:
Title: Name: Address: City-St-Zip: Title:	GOLDBERG, DAV 19200 S WOODL SHAKER HEIGHT	AND RD 'S, OH 44122	Title: Name: Address: City-St-Zip: Title:	C (X) Change () Addition GOLDBERG, JEREMY 1801 EAST NINTH STREET, #200 CLEVELAND, OH 44114 () Change () Addition	
Name: Address:	GOLDBERG, ROI 5150 THREE VG LYNDHURST, OH	DR UNIT 1E	Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () D DIGERONIMO, G 7327 BURNTWOO HUDSON, OH 44	OD WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP () D PRESBY, ALAN 3060 MEADOW O BROADVIEW HE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SOLGANIK, VIVIA	VILLE CENTER, #504	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () DONATELLI, ANT 5290 HOGAN CO MASON, OH 450	URT	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: VIVIAN L. SOLGANIK S 02/09/2007