2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000006032

1. Entity Name
CRANEL, INCORPORATED

Principal Place of Business	Mailing Address
8999 GEMINI PKWY. COLUMBUS, OH 43240	8999 GEMINI PKWY. COLUMBUS, OH 43240

DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1132851

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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: Michael A. Tracy, CFO MICHAEL A. TRACY 4/17/06
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000523613
05/03/06-80078-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	WALLACE, JAMES
STREET ADDRESS	2625 WYNDBEND BLVD.
CITY-ST-ZIP	POWELL, OH 43065
TITLE	SD
NAME	WALLACE, CRAIG
STREET ADDRESS	2850 BROOKHAVEN DR.
CITY-ST-ZIP	LEWIS CENTER, OH 43035
TITLE	D
NAME	WALLACE, LORETTA
STREET ADDRESS	2625 WYNDBEND BLVD.
CITY-ST-ZIP	POWELL, OH 43065
TITLE	V
NAME	TRACY, MICHAEL
STREET ADDRESS	6979 LAKE TRAIL DRIVE
CITY-ST-ZIP	WESTERVILLE, OH 43082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael A. Tracy, CFO 4/17/06 614-431-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #