

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002325

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: W & S FINANCIAL GROUP DISTRIBUTORS, INC.

## Current Principal Place of Business:

303 BROADWAY  
STE 1100  
CINCINNATI, OH 45202 US

## New Principal Place of Business:

## Current Mailing Address:

POB 1075  
CINCINNATI, OH 452011075 US

## New Mailing Address:

FEI Number: 31-1334221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: CANER, MARK E  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: VP ( ) Delete  
Name: TAULBEE, RICHARD  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: V ( ) Delete  
Name: WATERS, JAMES R JR  
Address: 221 EAST FOURTH, SUITE 300  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: WUEBBLING, DONALD J  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: VPT ( ) Delete  
Name: VANCE, JAMES J  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: VPC ( ) Delete  
Name: HEENAN, EDWARD S  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

## 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: RICHARD K. TAULBEE

V.P.

04/15/2009

Electronic Signature of Signing Officer or Director

Date