

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002990

FILED
Mar 02, 2004
Secretary of State

Entity Name: WD PARTNERS, INC.

Current Principal Place of Business:

1201 DUBLIN RD
COLUMBUS, OH 43215

New Principal Place of Business:

Current Mailing Address:

1201 DUBLIN RD
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 31-1451869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORP 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: CD () Delete
Name: DOERSCHLAG, WOLFGANG
Address: 4400 LIMERICK
City-St-Zip: DUBLIN, OH 43017

Title: TD () Delete
Name: DOERSCHLAG, MARTIN W
Address: 317 BREVOORT RD
City-St-Zip: COLUMBUS, OH

Title: PD () Delete
Name: DOERSCHLAG, CHRISTOPHER K
Address: 2410 SOUTHWAY
City-St-Zip: COLUMBUS, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: DOERSCHLAG, WOLFGANG
Address: 1201 DUBLIN RD
City-St-Zip: COLUMBUS, OH 43215

Title: TD (X) Change () Addition
Name: DOERSCHLAG, MARTIN
Address: 1201 DUBLIN RD
City-St-Zip: COLUMBUS, OH 43215

Title: PD (X) Change () Addition
Name: DOERSCHLAG, CHRISTOPHER K
Address: 1201 DUBLIN RD
City-St-Zip: COLUMBUS, OH 43215

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: CHRISTOHPER DOERSCHLAG

PD

03/02/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date