


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90413 040 ***150.00

DOCUMENT # F9600002325
 1. Entity Name
SKY FINANCIAL SOLUTIONS, INC.




Principal Place of Business Mailing Address
 2740 AIRPORT DR 2740 AIRPORT DR
 STE 300 STE 300
 COLUMBUS, OH 43219 COLUMBUS, OH 43219

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 MS: 2811

City & State City & State
 Wilmington DE

Zip Country Zip Country
 19884-2811 USA

14014161



04222005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 31-1459354 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DORR, ROBERT E 129 SANCTUARY COURT COLUMBUS, OH 43235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGETT, KEITH D 1225 CANTON RD. CARROLLTON, OH 44615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SOUDER, W G 222 S. MAIN STREET BOWLING GREEN, OH 43402 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ADAMS, MARTY 221 S CHURCH STREET BOWLING GREEN, OH 43402 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HILLIKER, D J 626 ARLINGTON ROAD BELLEFONTAINE, OH 43311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR STEARNS, ROBERT E 3637 RIVER ROAD TOLEDO, OH 43614 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard K. Struthers 1100 N. King Street, MS:2811 Wilmington DE 19884-2811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC John P. Stanton 1100 N. King Street, MS:2811 Wilmington, DE 19884-2811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST TREAS Nancy L. Manzano 1100 N. King Street, MS: 2811 Wilmington, DE 19884-2811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR John J. Hewes 1100 N. King Street, MS:2811 Wilmington, DE 19884-2811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Janine D. Marrone 1100 N. King Street, MS: 2811 Wilmington, DE 19884-2811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Nancy L. Manzano* Nancy L. Manzano, Asst. Treasurer (302) 453-9930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #