

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90123 001 ***150.00

DOCUMENT # F96000002325

1. Entity Name
 SKY FINANCIAL SOLUTIONS, INC.



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

Mailing Address
 1100 N KING STREET
 MS: 2811
 WILMINGTON, DE 19884-2811



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 MS: DE5-028-01-01
 City & State
 Zip Country

04062006 Chg-P CR2E034 (11/05)

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, 2006 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUTHERS, RICHARD K 1100 N KING STREET, MS: 2811 WILMINGTON, DE 198842811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STANTON, JOHN P 1100 N KING STREET, MS: 2811 WILMINGTON, DE 198842811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MANZANO, NANCY L 1100 N KING STREET, MS: 2811 WILMINGTON, DE 198842811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HEWES, JOHN J 1100 N KING STREET, MS: 2811 WILMINGTON, DE 198842811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MARRONE, JANINE D 1100 N KING STREET, MS: 2811 WILMINGTON, DE 198842811	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES John J. Hewes 1100 N King Street, MS: DE5-028-01-01 Wilmington, DE 19884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 N King Street, MS: DE5-018-01-01 Wilmington, DE 19884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 N King Street, MS: DE5-028-01-01 Wilmington, DE 19884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 N. King Street, MS: DE5-028-01-01 Wilmington, DE 19884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 N King Street, MS: DE5-028-01-01 Wilmington, DE 19884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 N King Street, MS: DE5-028-01-01 Wilmington, DE 19884	<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 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: Nancy L. Manzano, Asst. Treas. *Nancy L Manzano* 4/11/06 302-453-9930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #