


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90384 010 \*\*\*150.00

<b>DOCUMENT # F96000002965</b>	
1. Entity Name <b>GREAT AMERICAN PLAN ADMINISTRATORS, INC.</b>	

Principal Place of Business <b>250 EAST FIFTH STREET SUITE 1000, CHIQUITA BUILDING CINCINNATI, OH 45202</b>	Mailing Address <b>C/O THOMAS E. MISCELL ONE EAST FOURTH STREET - 8TH FLOOR CINCINNATI, OH 45202</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>250 EAST FIFTH STREET</b>  Suite, Apt. #, etc. <b>SUITE 1000, CHIQUITA BLDG.</b>
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City & State  <b>CINCINNATI, OH</b>	City & State  <b>CINCINNATI, OH</b>
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Zip <b>45202</b>	Country	Zip <b>45202</b>	Country
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04182006 Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1412013</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUTKIEWICZ, MATHEW T 525 VINE ST CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MUETHING, MARK F DVS 250 EAST FIFTH STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILIANO, CHRISTOPHER P T 250 EAST FIFTH STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: 	<b>4/20/06</b> (513) 579-2171
<b>Mark F. Muething, Vice President/Secretary/Director</b>	Date Daytime Phone #