

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005329

FILED
Jan 31, 2005
Secretary of State

Entity Name: MOBILE CONSULTANTS, INC.

Current Principal Place of Business:

111 GLAMORGAN AVE
ALLIANCE, OH 44601 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2060
ALLIANCE, OH 44601 US

New Mailing Address:

FEI Number: 34-1831194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LUCHT, DAVID G
Address: 111 CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

Title: D () Delete
Name: WORKMAN, ROBERT
Address: 111 GLAMORGAN AVE VD
City-St-Zip: ALLIANCE, OH 44601

Title: D () Delete
Name: DUHAMEL, MARK
Address: 111 CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

Title: SD () Delete
Name: PATTON, TERRY E
Address: III CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

Title: VD () Delete
Name: WORKMAN, ROBERT
Address: 111 GLAMORGAN AVE
City-St-Zip: ALLIANCE, OH 44601

Title: T () Delete
Name: BICHSEL, TERRANCE E
Address: 111 CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

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:

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Address:
City-St-Zip:

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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 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: ROBERT L. WORKMAN

EVP

01/31/2005

Electronic Signature of Signing Officer or Director

Date