# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2007**
**Secretary of State**

DOCUMENT# F96000005329

**Entity Name:** MOBILE CONSULTANTS, INC.

**Current Principal Place of Business:**

III CASCADE PLAZA
CAS 19
AKRON, OH 44308 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 790
AKRON, OH 44309 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: III CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

Title: D ( ) Delete
Name: WORKMAN, ROBERT
Address: III CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

Title: D ( ) Delete
Name: DUHAMEL, MARK
Address: III 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 (X) Delete
Name: WORKMAN, ROBERT
Address: III GLAMORGAN AVE
City-St-Zip: ALLIANCE, OH 44601

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: GRESCOVICH, MARK
Address: III CASCADE PLAZA
City-St-Zip: AKRON, OH 44308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 Chapter 119, 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 03/13/2007

Electronic Signature of Signing Officer or Director Date