

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000005678 1. Entity Name TOWNE PROPERTIES ASSET MANAGEMENT COMPANY	
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Principal Place of Business 1055 ST. PAUL PLACE CINCINNATI, OH 45202-1687	Mailing Address 1055 ST. PAUL PLACE CINCINNATI, OH 45202-1687
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0945003	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RYDBERG, THOMAS H ESQ.
400 N. TAMPA STREET
SUITE 2630
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BORTZ, NEIL K 1055 ST. PAUL PLACE CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WAHLKE, ROBERT J 1055 ST. PAUL PLACE CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOPPEL, KARL 1055 ST. PAUL PLACE CINCINNATI, OH 452021687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEHMAN, DEREK 1055 ST. PAUL PLACE CINCINNATI, OH 452021687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAYER, DANIEL J 1055 ST. PAUL PLACE CINCINNATI, OH 452021687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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01/20/04-80018-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Robert J. Wahlke** 1/15/04 (513) 381-8696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #