

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000005678**

1. Entity Name  
**TOWNE PROPERTIES ASSET MANAGEMENT COMPANY**



Principal Place of Business  
**1055 ST. PAUL PLACE  
CINCINNATI, OH 45202-1687**

Mailing Address  
**1055 ST. PAUL PLACE  
CINCINNATI, OH 45202-1687**



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 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	D
NAME	BORTZ, NEIL K
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH
TITLE	DP
NAME	WAHLKE, ROBERT J
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH
TITLE	V
NAME	BOPPEL, KARL
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 452021687
TITLE	V
NAME	WEHMAN, DEREK
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 452021687
TITLE	S
NAME	BAYER, DANIEL J
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 452021687
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80048-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Neil K. Bortz*  
**Neil K. Bortz**

*4/19/06*  
**4/19/06**

Date

*(513)381-8696*  
**(513)381-8696**

Daytime Phone #