

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90002 030 ***550.00

DOCUMENT # F97000002498

1. Entity Name
CMHC SYSTEMS, INC.



Principal Place of Business
570 METRO PLACE NORTH
DUBLIN, OH 43017

Mailing Address
570 METRO PLACE NORTH
DUBLIN, OH 43017

50053121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
31-0941756

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DEAKIN, ALISAIR
STREET ADDRESS 570 METRO PLACE NORTH
CITY-ST-ZIP DUBLIN, OH 43017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATON, JOHN
STREET ADDRESS 570 METRO PLACE NORTH
CITY-ST-ZIP DUBLIN, OH 43017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME THOMAS, TERRY
STREET ADDRESS 570 METRO PLACE NORTH
CITY-ST-ZIP DUBLIN, OH 43017

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS John Trewhitt
CITY-ST-ZIP 14 Smith's Yard
Summerly Street
London SW18 4HR

TITLE D ☒ Delete
NAME MCNABB, CARTER
STREET ADDRESS 221 EAST 4TH STREET, SUITE 1900
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE ☐ Change ☒ Addition
NAME Jonathon York - Director
STREET ADDRESS 7607 S. Goodrich Square
CITY-ST-ZIP New Albany, OH 43054

TITLE D ☐ Delete
NAME PATON, DOUGLAS R
STREET ADDRESS 1062 PALISADES RD.
CITY-ST-ZIP BRANT LAKE, NY 12815

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALEXDER, TREVEOR
STREET ADDRESS 910 CLAYTON DR.
CITY-ST-ZIP WORTHINGTON, OH 43085

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

6/24/05 614.764.0143
Date Date/Time Phone #