


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003831**

1. Entity Name  
**T. MARZETTI COMPANY**



Principal Place of Business  
**PO BOX 29163  
COLUMBUS OH 43229**

Mailing Address  
**PO BOX 29163  
COLUMBUS OH 43229**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **31-4244940** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GERLACH, JOHN B JR	
STREET ADDRESS	37 W. BROAD ST	
CITY- ST- ZIP	COLUMBUS OH 43215	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSA, BRUCE L	
STREET ADDRESS	PO BOX 29163	
CITY- ST- ZIP	COLUMBUS OH 43229	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, GARY E	
STREET ADDRESS	PO BOX 29163	
CITY- ST- ZIP	COLUMBUS OH 43229	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEGAL, DAVID M	
STREET ADDRESS	37 W. BROAD ST	
CITY- ST- ZIP	COLUMBUS OH 43215	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYLAN, JOHN L	
STREET ADDRESS	37 W. BROAD ST	
CITY- ST- ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_ 2-20-06 6148462232