2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F97000006129

Entity Name: PM CORDOVA CROSSING CAPITAL CORP.

Current Principal Place of Business:

1765 MERRIMAN RD.
AKRON, OH 44313

New Principal Place of Business:

Current Mailing Address:

1765 MERRIMAN RD.
AKRON, OH 44313

New Mailing Address:

FEI Number: 34-1854229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
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: DP ( ) Delete
Name: PETRARCA, LENORA J
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: DVAS ( ) Delete
Name: SPONSELLER, ALAN
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: VP ( ) Delete
Name: FUTIA, JUNE
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: S ( ) Delete
Name: DUFF, ANDREW R
Address: 159 S. MAIN ST., STE. 1100
City-St-Zip: AKRON, OH 44308

Title: VPT ( ) Delete
Name: MEINEKE, RONALD
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVAS (X) Change ( ) Addition
Name: SPONSELLER, ALAN W
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: VP (X) Change ( ) Addition
Name: FUTIA, JUNE C
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

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

Title: VPT (X) Change ( ) Addition
Name: MEINEKE, RONALD F
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

I hereby certify that the information supplied with this filing does not qualify 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: ALAN W SPONSELLER DVAS 04/16/2009

Electronic Signature of Signing Officer or Director Date