

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90100 032 \*\*\*150.00

**DOCUMENT # F97000006779**  
 1. Entity Name  
**TOPVALCO, INC.**



Principal Place of Business      Mailing Address  
 1014 VINE STREET      1014 VINE STREET  
 CINCINNATI OH 45202      CINCINNATI OH 45202

**00048919**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**31-0574717**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HODGE, JAMES E</b> <b>1014 VINE STREET</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>HELDMAN, PAUL W</b> <b>1014 VINE STREET</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTAS</b> <b>HENDERSON, SCOTT M</b> <b>1014 VINE ST</b> <b>CINTI OH 45202-1100</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCMULLEN, W R</b> <b>1014 VINE ST</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>GACK, BRUCE M</b> <b>1014 VINE ST</b> <b>CINCINNATI OH 45202-1100</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SMITH, THOMAS</b> <b>1014 VINE STREET</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas A. Smith      Thomas A. Smith / AT      4/29/05      513-762-4401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

... ATTACHMENT 50048919

#F97000006779

TOPVALCO, INC.  
1014 VINE STREET  
CINCINNATI, OH 45202-1100  
FEDERAL I.D. #31-0574717  
INCORPORATED IN: OH

**OFFICERS:**

NAME	TITLE	BUSINESS ADDRESS
JAMES E. HODGE	PRES.	1014 VINE ST., CINTI., OH 45202-1100
PAUL W. HELDMAN	V.P. ASST. SEC.	1014 VINE ST., CINTI., OH 45202-1100
W. RODNEY McMULLEN	V.P.	1014 VINE ST., CINTI., OH 45202-1100
SCOTT M. HENDERSON	V.P. TREAS. ASST. SEC.	1014 VINE ST., CINTI., OH 45202-1100
BRUCE M. GACK	V.P. SEC.	1014 VINE ST., CINTI., OH 45202-1100
MARTHA CUTRIGHT SARRA	ASST. SEC.	1014 VINE ST., CINTI., OH 45202-1100
BETH VAN OFLEN	ASST. TREAS.	1014 VINE ST., CINTI., OH 45202-1100
THOMAS A. SMITH	ASST. TREAS.	1014 VINE ST., CINTI., OH 45202-1100

**DIRECTORS:**

BRUCE M. GACK  
BETH VAN OFLEN  
DOROTHY ROBERTS

ELECTED = 1ST MONDAY IN FEBRUARY