


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006779 1. Entity Name TOPVALCO, INC.	
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Principal Place of Business 1014 VINE STREET CINCINNATI, OH 45202	Mailing Address 1014 VINE STREET CINCINNATI, OH 45202
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0574717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HODGE, JAMES E 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTAS HENDERSON, SCOTT M 1014 VINE ST CINTI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCMULLEN, W R 1014 VINE ST CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GACK, BRUCE M 1014 VINE ST CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SMITH, THOMAS 1014 VINE STREET CINCINNATI, OH 45202

U00000541453
05/10/06-80060-010 150.00

**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: Beth Van Oplen Beth Van Oplen / Asst. Treas. 4/27/06 513-762-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

See Attached.