


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90049 033 \*\*\*150.00

<b>DOCUMENT # F97000006779</b>	
1. Entity Name TOPVALCO, INC.	

Principal Place of Business 1014 VINE STREET CINCINNATI, OH 45202	Mailing Address 1014 VINE STREET CINCINNATI, OH 45202
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40096400



04122007 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGE, JAMES E 1014 VINE STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HENDERSON, SCOTT M 1014 VINE ST CINTI, OH 452021100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMULLEN, W R 1014 VINE ST CINCINNATI, OH 45202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GACK, BRUCE M 1014 VINE ST CINCINNATI, OH 452021100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMITH, THOMAS 1014 VINE STREET CINCINNATI, OH 45202 <input type="checkbox"/> Delete	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 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: Thomas A. Smith Thomas A. Smith, AT 4/13/07 513-762-4401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See Attached

# ATTACHMENT

40096468

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

#F-97000006779

## 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.	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
MARY ELIZABETH VAN OFLE	ASST. TREAS.	1014 VINE ST., CINTI., OH 45202-1100
THOMAS A. SMITH	ASST. TREAS.	1014 VINE ST., CINTI., OH 45202-1100
DOROTHY D. ROBERTS	ASST. SEC.	1014 VINE ST., CINTI., OH 45202-1100

## DIRECTORS:

BRUCE M. GACK  
MARY ELIZABETH VAN OFLEN  
DOROTHY D. ROBERTS

ELECTED = 1ST MONDAY IN FEBRUARY