


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002093 1. Entity Name THE WASSERSTROM CO.	
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Principal Place of Business 477 S. FRONT ST COLUMBUS, OH 43215	Mailing Address 477 S. FRONT ST COLUMBUS, OH 43215
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number 31-4335700	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

HASKELL, JOSEPH
9400 N. BUSCH DR
JACKSONVILLE, FL 32218

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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, 2004 Fee will be \$550.00

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

U00000146072
05/03/04-80049-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASSERSTROM, RODNEY 477 S. FRONT ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERMILLION, URSULA 477 S. FRONT ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BLANK, DENNIS 477 S. FRONT ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYERS, SHELLY 477 S. FRONT ST COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABE, DEBORAH 477 S. FRONT ST. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: Deborah F Rabe 4/27/04 614-228-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #