


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 047 ***150.00

DOCUMENT # F98000002093					
1. Entity Name THE WASSERSTROM CO.					
Principal Place of Business 477 S. FRONT ST COLUMBUS, OH 43215			Mailing Address 477 S. FRONT ST COLUMBUS, OH 43215		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01182008 Chg-P CR2E034 (12/06) 31-4335700	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURGESS, JAMES 9400 N. BUSCH DR JACKSONVILLE, FL 32218			Name GARY TELEKY Street Address (P.O. Box Numbers Not Acceptable) 9400 N. BUSCH DR City JACKSONVILLE FL Zip Code 32218		
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 <u><i>Gary Teleky</i></u> DATE <u>4/18/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME WASSERSTROM, RODNEY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 477 S. FRONT ST	CITY-ST-ZIP COLUMBUS, OH 43215			NAME	STREET ADDRESS
TITLE V	NAME VERMILLION, URSULA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 477 S. FRONT ST	CITY-ST-ZIP COLUMBUS, OH 43215			NAME	STREET ADDRESS
TITLE V	NAME MYERS, SHELLY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 477 S. FRONT ST	CITY-ST-ZIP COLUMBUS, OH 43215			NAME	STREET ADDRESS
TITLE VP	NAME RABE, DEBORAH		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 477 S. FRONT ST.	CITY-ST-ZIP COLUMBUS, OH 43215			NAME	STREET ADDRESS
TITLE CFO	NAME MANGELSON, GARY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 477 SOUTH FRONT ST	CITY-ST-ZIP COLUMBUS, OH 43215			NAME	STREET ADDRESS
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u><i>Deborah J Rabe</i></u>			Date <u>4/16/08</u> Daytime Phone # <u>614-228-6525</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					