

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # F99000000129

1. Entity Name
FAIR FINANCE COMPANY



Principal Place of Business
**815 E. MARKET ST.
AKRON, OH 44305**

Mailing Address
**815 E. MARKET ST.
AKRON, OH 44305**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0211930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

000000194793

01/26/05-80002-008 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	DURHAM, TIMOTHY
STREET ADDRESS	111 MONUMENT CIR., SUITE 4800
CITY-STATE-ZIP	INDIANAPOLIS, IN 46204
TITLE	PD
NAME	HEAD, JOHN J
STREET ADDRESS	815 E. MARKET ST.
CITY-STATE-ZIP	AKRON, OH 44305
TITLE	VD
NAME	SCHAFFTER, KEITH
STREET ADDRESS	815 E. MARKET ST.
CITY-STATE-ZIP	AKRON, OH 44305
TITLE	CFOT
NAME	SNOW, RICK
STREET ADDRESS	815 E. MARKET ST.
CITY-STATE-ZIP	AKRON, OH 44305
TITLE	S
NAME	YANKOVICH, MARIA
STREET ADDRESS	815 E. MARKET ST.
CITY-STATE-ZIP	AKRON, OH 44305
TITLE	D
NAME	JAMES, CHARLES
STREET ADDRESS	6230 TANGLEWOOD DR. N.E.
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33702

**DO NOT WRITE
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Date

(330)-376-8171

Daytime Phone #