

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000930

FILED
Jan 30, 2009
Secretary of State

Entity Name: BDB AGENT CO.

Current Principal Place of Business:

3800 EMBASSY PARKWAY
SUITE 300
AKRON, OH 44333

New Principal Place of Business:

Current Mailing Address:

3800 EMBASSY PARKWAY
SUITE 300
AKRON, OH 44333

New Mailing Address:

FEI Number: 52-2147401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOBERMAN, SOLOMON
5355 TOWN CENTER RD., STE. 900
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEORGE, NICHOLAS T
Address: 3800 EMBASSY PKWY SUITE 300
City-St-Zip: AKRON, OH 44333

Title: D () Delete
Name: HAMMERSMITH, STEPHEN M
Address: 3800 EMBASSY PRKWY STE 300
City-St-Zip: AKRON, OH 44333

Title: STD () Delete
Name: MALONE, ROBERT W
Address: 3800 EMBASSY PKWY SUITE 300
City-St-Zip: AKRON, OH 44333

Title: V () Delete
Name: MOPSTICK, MICHAEL D
Address: 515 N FLAGLER DR STE 950
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEATING, PATRICK J
Address: 3800 EMBASSY PKWY SUITE 300
City-St-Zip: AKRON, OH 44333 US

Title: D (X) Change () Addition
Name: HAMMERSMITH, STEPHEN M
Address: 3800 EMBASSY PRKWY STE 300
City-St-Zip: AKRON, OH 44333 US

Title: STD (X) Change () Addition
Name: MALONE, ROBERT W
Address: 3800 EMBASSY PKWY SUITE 300
City-St-Zip: AKRON, OH 44333 US

Title: V (X) Change () Addition
Name: MOPSTICK, MICHAEL D
Address: 515 N FLAGLER DR STE 2000
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. MALONE

STD

01/30/2009

Electronic Signature of Signing Officer or Director

Date