

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002589

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** EXXCEL PROJECT MANAGEMENT, INC.

**Current Principal Place of Business:**

TWO MIRANOVA PLACE, SUITE 250  
COLUMBUS, OH 43215 US

**New Principal Place of Business:**

**Current Mailing Address:**

TWO MIRANOVA PLACE, SUITE 250  
COLUMBUS, OH 43215 US

**New Mailing Address:**

**FEI Number:** 31-1325275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REARDON, F. DOUGLAS  
**Address:** TWO MIRANOVA PLACE, SUITE 250  
**City-St-Zip:** COLUMBUS, OH 43215 US

**Title:** S  
**Name:** MOORE, D. ALAN  
**Address:** TWO MIRANOVA PLACE, SUITE 250  
**City-St-Zip:** COLUMBUS, OH 43215 US

**Title:** V  
**Name:** WARREN, RICHARD J  
**Address:** TWO MIRANOVA PLACE, SUITE 250  
**City-St-Zip:** COLUMBUS, OH 43215 US

**Title:** V  
**Name:** KAISER, DOUGLAS J  
**Address:** TWO MIRANOVA PLACE, SUITE 250  
**City-St-Zip:** COLUMBUS, OH 43215 US

I hereby 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 all other like empowered.

**SIGNATURE:** D. ALAN MOORE

SECR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date