2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004641

1. Entity Name
STONEHENGE CAPITAL CORPORATION

Principal Place of Business	Mailing Address
191 W. NATIONWIDE BLVD. SUITE 600 COLUMBUS, OH 43215	191 W. NATIONWIDE BLVD. SUITE 600 COLUMBUS, OH 43215

02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1647610
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

U00000079524
03/08/04-80069-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMEK, THOMAS J
STREET ADDRESS	450 LAUREL ST STE 1450 NORTH
CITY-ST-ZIP	BATON ROUGE, LA 70801
TITLE	SD
NAME	WITTEN, JOHN P
STREET ADDRESS	191 W NATIONWIDE BLVD STE 600
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	M
NAME	WEBBER, DAVID B
STREET ADDRESS	191 W NATIONWIDE BLVD STE 600
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	D
NAME	BROOKS, RONALD D
STREET ADDRESS	191 W NATIONWIDE BLVD STE 600
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	T
NAME	GOWDY, BARRY
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 600
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	D
NAME	LUX, STEVEN F
STREET ADDRESS	777 SOUTH HARBOUR ISLAND BLVD., STE 375
CITY-ST-ZIP	TAMPA, FL 33602

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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: _____ Barry G. Gowdy 3-1-04 614/246-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #