

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004641

FILED
Jan 05, 2006
Secretary of State

Entity Name: STONEHENGE CAPITAL CORPORATION

Current Principal Place of Business:

191 W. NATIONWIDE BLVD.
SUITE 600
COLUMBUS, OH 43215

New Principal Place of Business:

Current Mailing Address:

191 W. NATIONWIDE BLVD.
SUITE 600
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 31-1647610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ADAMEK, THOMAS J
Address: 450 LAUREL ST STE 1450 NORTH
City-St-Zip: BATON ROUGE, LA 70801

Title: SD () Delete
Name: WITTEN, JOHN P
Address: 191 W NATIONWIDE BLVD STE 600
City-St-Zip: COLUMBUS, OH 43215

Title: M () Delete
Name: WEBBER, DAVID B
Address: 191 W NATIONWIDE BLVD STE 600
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: BROOKS, RONALD D
Address: 191 W NATIONWIDE BLVD STE 600
City-St-Zip: COLUMBUS, OH 43215

Title: T () Delete
Name: GOWDY, BARRY
Address: 191 W. NATIONWIDE BLVD., SUITE 600
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: LUX, STEVEN F
Address: 777 SOUTH HARBOUR ISLAND BLVD., STE 375
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMEK, THOMAS J
Address: 236 THIRD STREET
City-St-Zip: BATON ROUGE, LA 70801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY G. GOWDY

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01/05/2006

Electronic Signature of Signing Officer or Director

Date