

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14538

Entity Name: M.T.A. INVESTMENTS, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

3960 MEDINA ROAD
AKRON, OH 44333 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5260
AKRON, OH 44334 US

New Mailing Address:

FEI Number: 59-2738546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, MICHAEL W
1846 GULF BLVD
ENGLEWOOD, FL 34223 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: DP () Delete
Name: THOMPSON, MICHAEL W.,
Address: 1846 GULF BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: VT () Delete
Name: TAYLOR, MARY LOU
Address: 3960 MEDINA RD
City-St-Zip: AKRON, OH 44333

Title: S () Delete
Name: PATRICK, CARL E
Address: 6823 OLD RANCH ROAD
City-St-Zip: SARASOTA, FL 34241

Title: DV () Delete
Name: STEFANINI, JOSEPH,
Address: 3960 MEDINA RD
City-St-Zip: AKRON, OH 44333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARY LOU TAYLOR

VT

03/19/2009

Electronic Signature of Signing Officer or Director

Date