

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 041 ****50.00

DOCUMENT # M00000002343

1. Entity Name

PHOTOFINANCE LLC



Principal Place of Business

1801 RICHARDS RD.
TOLEDO OH 43697

Mailing Address

PO BOX 931
TOLEDO OH 43697

24010559



MOORE CR2E083 (11/03)

2. Principal Place of Business

1480 Ford St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maumee OHIO

City & State

Zip

43537

Country

USA

Zip

Country

4. FEI Number

34-1752289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete
NAME **BISHOP, PAUL J**
STREET ADDRESS **1801 RICHARDS RD.**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **VP** ☒ Delete
NAME **BRIGGS, GEORGE H**
STREET ADDRESS **1801 RICHARDS RD.**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **T** ☐ Delete
NAME **MULAWA, TERESA**
STREET ADDRESS **1801 RICHARDS RD.**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **S** ☐ Delete
NAME **MARTH, LETITIA**
STREET ADDRESS **1801 RICHARDS RD.**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **V** ☒ Delete
NAME **BARNARD, NEAL B**
STREET ADDRESS **1801 RICHARDS RD**
CITY-ST-ZIP **TOLEDO OH 43607**

TITLE **AT** ☐ Delete
NAME **SNELL, WYNDOLYN**
STREET ADDRESS **660 BEAVER CREEK CIRCLE**
CITY-ST-ZIP **MAUMEE OH 43537**

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4500 Dorr St**
CITY-ST-ZIP **Toledo, OH 43615**

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Laurie A Braun**
CITY-ST-ZIP **3404 North Duke**
Durham, North Carolina

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1480 Ford St**
CITY-ST-ZIP **Maumee OH 43537**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1480 Ford St**
CITY-ST-ZIP **Maumee OH 43537**

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Kenneth J Ova.**
CITY-ST-ZIP **1209 Orange Street**
Wilmington, DE 19801

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1480 Ford St**
CITY-ST-ZIP **Maumee OH 43537**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Wyndolyn Snell

2/5/04