

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M04000002958

1. Entity Name  
LUSK & HARKIN LTD. CO.



**FILED**  
**Jun 15, 2005 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
35 NORTH FOURTH STREET, 5TH FLOOR  
COLUMBUS, OH 43215

Mailing Address  
35 NORTH FOURTH STREET, 5TH FLOOR  
COLUMBUS, OH 43215



05242005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1469264

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

**DO NOT WRITE  
IN THIS SPACE**

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.

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

DATE

6/13/05

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LUSK, MICHAEL  
35 NORTH FOURTH STREET, 5TH FLOOR  
COLUMBUS, OH 43215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HARKIN, JAMES  
35 NORTH FOURTH STREET, 5TH FLOOR  
COLUMBUS, OH 43215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800056638208  
06/29/05--01012--012 \*\*\$5.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

6/09/05

Date

614-221-3707

Daytime Phone #