


2006

ANNUAL REPORT

FILED  
Apr 11, 2006 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # M12000001541<br>1. Entity Name<br>MOSAIC, LTD. CO. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>580 N FOURTH ST, STE 660<br>COLUMBUS, OH 43215 | Mailing Address<br>580 N FOURTH ST, STE 660<br>COLUMBUS, OH 43215 |
|---|---|



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>31-1635769  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BULLOCK, SALLY  
1600 YELLOWHEART WAY  
HOLLYWOOD, FL 33019

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

00000503418  
04/26/06-80028-021 158.75

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CINI, LISA M<br>580 N FOURTH ST, STE 660<br>COLUMBUS, OH 43215 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  3/12/06 614 429 6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #