

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# M12000001541

Entity Name: MOSAIC, LTD. CO.

**Current Principal Place of Business:**

879 NORTH HIGH STREET  
COLUMBUS, OH 43215

**New Principal Place of Business:**

580 N FOURTH ST, STE 660  
COLUMBUS, OH 43215

**Current Mailing Address:**

879 NORTH HIGH STREET  
COLUMBUS, OH 43215

**New Mailing Address:**

580 N FOURTH ST, STE 660  
COLUMBUS, OH 43215

FEI Number: 31-1635769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BULLOCK, SALLY  
1600 YELLOWHEART WAY  
HOLLYWOOD, FL 33019 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: MGRM ( ) Delete  
Name: CINI, LISA M  
Address: 879 NORTH HIGH STREET  
City-St-Zip: COLUMBUS, OH 43215

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGRM (X) Change ( ) Addition  
Name: CINI, LISA M  
Address: 580 N FOURTH ST, STE 660  
City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA M. CINI

MS.

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date