2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am **DOCUMENT # P01000064669 Secretary of State** 1. Entity Name 03-02-2004 90006 002 ***150.00 CCH INVESTMENTS, INC. Principal Place of Business , , Mailing Address 5636 BRIDGETOWN RD. 5636 BRIDGETOWN RD CINCINNATI OH 45248 CINCINNATI OH 45248 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 58-2648543 Not Applicable Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bauman, Steven B. SCHEYD, JOSEPH M JR. Street Address (P.O. Box Number is Not Acceptable) 1221 AIRPORT RD., SUITE 209 25 NE Walter Martin Road, Suite 101 DESTIN FL 32541 Cil Fort Walton Beach Z325°48 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 agents STEVEN B. BAUMAN FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D, P TX Change Addition TITLE ☐ Delete TITLE Hetz, Lewis T. HETZ, LEWIS T NAME NAME 5636 BRIDGETOWN RD. STREET ADDRESS STREET ADDRESS 5636 Bridgetown Road CITY-ST-7IP CINCINNATI OH 45248 CITY-ST-7IP Cincinnati OH 45248 TITLE ☐ Delete TITLE **X** Change Addition NAME THOMAS, STEVEN NAME Thomas, Steven STREET ADDRESS 2611 ANDERSON FERRY RD STREET ADDRESS 2611 Anderson Ferry Rd CINCINNATI OH 45238 CITY-ST-ZIP CITY-ST-ZIP Cincinnati OH 45238 TITLE ☐ Defete TITI F X Change ☐ Addition NAME MULVANEY, GREGORY Mulvaney, Gregory STREET ADDRESS 5054 WESSELMAN WOOD DR STREET ADDRESS 5054 Wesselman Wood Dr. CITY-ST-ZIP CLEVES OH 45002 CITY-ST-ZIP Cleves OH 45002 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME Hetz, Christine STREET ADDRESS STREET ADDRESS 5636 Bridgetown Rd CITY-ST-ZIP CITY-ST-7IP Cincinnati OH 45238 TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 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

FILED

Changed, or on an attachment/with an/Address, with all other like empowered.

SIGNATURE: CASCAS A. MULVAWA 2-4-04 513-616-2945

Batton Date Dayline Prone #