

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000064669 1. Entity Name CCH INVESTMENTS, INC.						FILED 08 NOV 10 PM 2:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5636 BRIDGETOWN RD. CINCINNATI, OH 45248				Mailing Address 5636 BRIDGETOWN RD. CINCINNATI, OH 45248			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 58-2648543				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAUMAN, STEVEN B 25 NE WALTER MARTIN RD. STE 101 FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Robin Fletcher Street Address (P.O. Box Number is Not Acceptable) 811 Turnberry Way Niceville City FL Zip Code 32578			
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 <i>Robin Fletcher</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11-5-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP <input checked="" type="checkbox"/> Delete NAME HETZ, LEWIS T STREET ADDRESS 5636 BRIDGETOWN RD. CITY-ST-ZIP CINCINNATI, OH 45248				TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME GREGORY TRUESDELL STREET ADDRESS 5636 BRIDGETOWN RD CITY-ST-ZIP CINCINNATI, OHIO 45248			
TITLE T <input type="checkbox"/> Delete NAME THOMAS, STEVEN STREET ADDRESS 2611 ANDERSON FERRY RD CITY-ST-ZIP CINCINNATI, OH 45238				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE DV <input type="checkbox"/> Delete NAME MULVANEY, GREGORY STREET ADDRESS 5054 WESSELMAN WOOD DR CITY-ST-ZIP CLEVELAND, OH 45002				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600137780000 STREET ADDRESS 11/10/08--01020--008 **158.75 CITY-ST-ZIP			
TITLE S <input type="checkbox"/> Delete NAME HETZ, CHRISTINE STREET ADDRESS 5636 BRIDGETOWN RD CITY-ST-ZIP CINCINNATI, OH 45238				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Christine C Hetz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				SECRETARY 10-28-08 513-708 1420 <small>Date Daytime Phone #</small>			