


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000014641</b> 1. Entity Name CLP HOLDING CORPORATION	
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Principal Place of Business 191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215	Mailing Address 191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215
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04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0562346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GREENE, ROBERT F 1301 SIXTH AVENUE W SUITE 400 BRADENTON, FL 34205	<b>DO NOT WRITE IN THIS SPACE</b>
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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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTO, III, DON M 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSON, III, FRANK S 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHENS, BRETT J 401 N. CATTLEMEN ROAD, STE 108 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUTTON, STEPHEN E 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, ANTHONY A 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKEMAN, PAUL G 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 432152568

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05/10/07-80067-016 150.00

**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

**Don M. Casto, III**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 614-228-5331  
Date Daytime Phone #