

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000014641

1. Entity Name
CLP HOLDING CORPORATION



Principal Place of Business
191 W. NATIONWIDE BLVD
SUITE 200
COLUMBUS, OH 43215

Mailing Address
191 W. NATIONWIDE BLVD
SUITE 200
COLUMBUS, OH 43215



04112008 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 ☐ **\$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

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000917934
05/13/08 08062 017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTO, III, DON M
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

TITLE	VD
NAME	BENSON, III, FRANK S
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

TITLE	VD
NAME	HUTCHENS, BRETT J
STREET ADDRESS	401 N. CATTLEMEN ROAD, STE 108
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	TD
NAME	DUTTON, STEPHEN E
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

TITLE	SD
NAME	MARTIN, ANTHONY A
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

TITLE	D
NAME	LUKEMAN, PAUL G
STREET ADDRESS	191 W. NATIONWIDE BLVD., SUITE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

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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: _____ **DON M CASTO III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/08

Date

614-228-5331

Daytime Phone #