

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P12993

1. Entity Name
M/I FINANCIAL CORP.



Principal Place of Business

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219 US

Mailing Address

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219 US

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1076317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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, 2006 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
CFOT
CREEK, PHILLIP G
3 EASTON OVAL, SUITE 500
COLUMBUS, OH 43219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROSEN, PAUL
3 EASTON OVAL, SUITE 210
COLUMBUS, OH 43219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MASON, THOMAS J
3 EASTON OVAL., STE 500
COLUMBUS, OH 43219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000526354
05/04/06-80070-025 150.00

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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: *Phillip G. Creek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip G. Creek, CFO, Treas

04-18-06 614-418-8227

Date

Daytime Phone