


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90067 011 ****61.25

DOCUMENT # P13358 1. Entity Name GAMMA IOTA SIGMA, INC.					
Principal Place of Business ONE NATIONWIDE PLAZA STEPHEN M. FINO (2-11-02) COLUMBUS, OH 43215-2220			Mailing Address ONE NATIONWIDE PLAZA STEPHEN M. FINO (2-11-02) COLUMBUS, OH 43215-2220		
2. Principal Place of Business - No P.O. Box # 6499 Bromfield Dr. Suite, Apt. #, etc.		3. Mailing Address 6499 Bromfield Dr. Suite, Apt. #, etc.			
City & State Westerville, OH Zip 43082		City & State Westerville, OH Zip 43082		4. FEI Number 23-7087235 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, DAVID S 5444 BAY CENTER DR., SUITE 205 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, ALLAN F 7720 RIVERS EDGE DR COLUMBUS, OH 43235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANCOUR, LANCE 600 RENAISSANCE CENTER SUITE 2100 DETROIT, MI 48243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUMMER, GEORGE A 2586 OAKSTONE DR. COLUMBUS, OH 432317628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMSON, STANLEY R PH.D. 901 S. NATIONAL AVE. SPRINGFIELD, MO 65804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, ALAN C PHD 2353 SHREWSBURY RD COLUMBUS, OH 43221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINO, STEPHEN M ONE NATIONWIDE PL (2-11-02) COLUMBUS, OH 432152220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6499 Bromfield Dr. Westerville, OH 43082		
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 617, 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: <u>Stephen M. Fino</u> <u>2/7/08</u> <u>614-678-1579</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					