

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13358

FILED
Feb 04, 2009
Secretary of State

Entity Name: GAMMA IOTA SIGMA, INC.

Current Principal Place of Business:

6499 BROMFIELD DR
WESTERVILLE, OH 43082

New Principal Place of Business:

17 S. HIGH STREET
SUITE 200
COLUMBUS, OH 43215

Current Mailing Address:

6499 BROMFIELD DR
WESTERVILLE, OH 43082

New Mailing Address:

FEI Number: 23-7087235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, DAVID S
5444 BAY CENTER DR., SUITE 205
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMAN, ALLAN F
Address: 7720 RIVERS EDGE DR
City-St-Zip: COLUMBUS, OH 43235

Title: SD () Delete
Name: LANCOUR, LANCE
Address: 600 RENAISSANCE CENTER SUITE 2100
City-St-Zip: DETROIT, MI 48243

Title: TD () Delete
Name: GUMMER, GEORGE A
Address: 2586 OAKSTONE DR.
City-St-Zip: COLUMBUS, OH 432317628

Title: D () Delete
Name: ADAMSON, STANLEY R PH.D.
Address: 901 S. NATIONAL AVE.
City-St-Zip: SPRINGFIELD, MO 65804

Title: VD () Delete
Name: WILLIAMS, ALAN C PHD
Address: 2353 SHREWSBURY RD
City-St-Zip: COLUMBUS, OH 43221

Title: D () Delete
Name: FINO, STEPHEN M
Address: 6499 BROMFIELD DR
City-St-Zip: WESTERVILLE, OH 43082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M FINO

DIR

02/04/2009

Electronic Signature of Signing Officer or Director

Date