


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P13451 1. Entity Name THE LATHROP COMPANY, INC.	
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Principal Place of Business %C T CORPORATION SYSTEM 1220 DUSSEL DR., P.O. BOX 772 TOLEDO, OH 43697-0772	Mailing Address P.O. BOX 772 TOLEDO, OH 43697 US
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3360612	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KUSNER, MARK T 2211 CENTRAL GROVE TOLEDO, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLOX, LORI V 375 HUDSON ST. NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEPPERT, THOMAS C 901 MAIN STREET, SUITE 4900 DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANAHAN, THOMAS J 5217 KEARSDALE TOLEDO, OH 43623
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/28/05-80057-004 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MARK T. KUSNER TREASURER	Date 3/22/05	Daytime Phone # 419-887-4214
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