

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P18697**

1. Entity Name  
L.M. BERRY AND COMPANY



Principal Place of Business  
3170 KETTERING BLVD  
DAYTON, OH 45439 US

Mailing Address  
P.O BOX 6000  
DAYTON, OH 45401-6000 US



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-6018220

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

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

000000557256  
05/17/06-80043-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HARRIS, IKE  
STREET ADDRESS 2247 NORTHLAKE PARKWAY STE 1026  
CITY-ST-ZIP TUCKER, GA 30084

TITLE P  
NAME GRAHAM, DANIEL J  
STREET ADDRESS 3170 KETTERING BLVD  
CITY-ST-ZIP DAYTON, OH 45439

TITLE S  
NAME ARMANINI, JOSEPH S  
STREET ADDRESS 3170 KETTERING BLVD  
CITY-ST-ZIP DAYTON, OH 45439

TITLE V  
NAME WARNER, CAROL S  
STREET ADDRESS 3170 KETTERING BLVD.  
CITY-ST-ZIP DAYTON, OH 45439

TITLE D  
NAME SHANNON, W P  
STREET ADDRESS 1155 PEACHTREE ST NE STE 1703  
CITY-ST-ZIP ATLANTA, GA 30309

TITLE T  
NAME WARNER, CAROL S  
STREET ADDRESS 3170 KETTERING BLVD.  
CITY-ST-ZIP DAYTON, OH 45439

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ronald L. Huist*

Ronald L. Huist

4/19/06

(937) 296-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #