


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P24689 1. Entity Name PIZZUTI EQUITIES INC.	
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Principal Place of Business TWO MIRANOVA, #800 COLUMBUS, OH 43215	Mailing Address TWO MIRANOVA, #800 COLUMBUS, OH 43215
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1271292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC
515 E. PARK AVE.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000705371 04/24/07-80014-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PIZZUTI, RONALD A. TWO MIRANOVA, STE 800 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WEST, SCOTT TWO MIRANOVA, STE 800 COLUMBUS, OH 43215
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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: Scott B. West Scott B. West, SVP 4/20/07 (614)280-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #