2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P26279

1. Entity Name
YODER & FREY AUCTIONEERS, INC.

Principal Place of Business	Mailing Address
301 1/2 STRYKER ST. P.O. BOX 244 ARCHBOLD, OH 43502 US	301 1/2 STRYKER ST. P.O. BOX 244 ARCHBOLD, OH 43502 US

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0945813
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARK, V. PETER
STREET ADDRESS	301 1/2 STRYKER ST.
CITY-ST-ZIP	ARCHBOLD, OH
TITLE	T
NAME	PLETCHER, DANTE T
STREET ADDRESS	301 1/2 STRYKER ST.
CITY-ST-ZIP	ARCHBOLD, OH
TITLE	S
NAME	BERNATH, SHARON
STREET ADDRESS	301 1/2 STRYKER ST.
CITY-ST-ZIP	ARCHBOLD, OH
TITLE	D
NAME	HYLANT, PATRICK
STREET ADDRESS	301 1/2 STRYKER ST
CITY-ST-ZIP	ARCHBOLD, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Dante T Pletcher DANTE T. PLETCHER 4/29/04 (419) 531-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #