

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31687

FILED
Apr 21, 2009
Secretary of State

Entity Name: GERMAIN PROPERTIES OF COLUMBUS, INC.

Current Principal Place of Business:

13315 N. TAMIAMI TRAIL
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

5777 SCARBOROUGH BOULEVARD
COLUMBUS, OH 43232 US

New Mailing Address:

FEI Number: 31-1223417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, WILLIAM L
10661 AIRPORT PULLING ROAD
SUITE 16
NAPLES, FL 34109 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERMAIN, STEPHEN L.
Address: 5777 SCARBOROUGH BLVD
City-St-Zip: COLUMBUS, OH 43232

Title: SVT () Delete
Name: GERMAIN, ROBERT L JR.
Address: 13315 NORTH TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

Title: CD (X) Delete
Name: GERMAIN, SR, ROBERT L
Address: 13329 NORTH TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

Title: AS () Delete
Name: MCCARTHY, SEAN H
Address: 4250 MORSE CROSSING
City-St-Zip: COLUMBUS, OH 43219

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
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW M. MCKINNON

CPA

04/21/2009

Electronic Signature of Signing Officer or Director

Date