

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70575

FILED
Apr 10, 2009
Secretary of State

Entity Name: MADISON FINANCIAL CORPORATION

Current Principal Place of Business:

800 BRICKELL AVE STE 1111
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

800 BRICKELL AVE STE 1111
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0322454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOTTENSTEIN, JEFFREY M
800 BRICKELL AVE
MIAMI, FL 33131 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: SCHOTTENSTEIN, JEFFREY M
Address: 800 BRICKELL AVE STE 1111
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SCHOTTENSTEIN, JAY
Address: 1800 MOLER ROAD
City-St-Zip: COLUMBUS, OH

Title: D (X) Delete
Name: JONES, JOHN
Address: 800 BRICKELL AE STE 1111
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: KETTLER, TOM
Address: 1800 MOLER ROAD
City-St-Zip: COLUMBUS, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MEYER, GAYLA
Address: 800 BRICKELL AVENUE #1111
City-St-Zip: MIAMI, FL 33131

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: JEFF SCHOTTENSTEIN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date