

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41525

Entity Name: ALBER CORP.

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

3103 N. ANDREWS AVE EXTENSION  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

1050 DEARBORN DR  
COLUMBUS, OH 43229

**New Mailing Address:**

FEI Number: 65-0338091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBER, DEREK  
Address: 3103 N. ANDREWS AVE EXTENSION  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D  
Name: SPEARS, CHUCK  
Address: 1050 DEARBORN DR  
City-St-Zip: COLUMBUS, OH 43229

Title: STD  
Name: BLIND, JEFFREY T  
Address: 1050 DEARBORN DR  
City-St-Zip: COLUMBUS, OH 43085

Title: CONT  
Name: PHILLIPS, WARREN  
Address: 1050 DEARBORN DR  
City-St-Zip: COLUMBUS, OH 43085

Title: AS  
Name: WESTMAN, TIMOTHY G  
Address: 8000 W FLORISSANT AVE  
City-St-Zip: ST LOUIS, MO 63136

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY T. BLIND

STD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date