

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V41525

**Entity Name:** ALBER CORP.

**Current Principal Place of Business:**

3103 N. ANDREWS AVE EXTENSION  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

1050 DEARBORN DR  
COLUMBUS, OH 43229

**FEI Number:** 65-0338091

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

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

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

Title AS  
Name WESTMAN, TIMOTHY G  
Address 8000 W FLORISSANT AVE  
City-State-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

**SECRETARY/TREASURER** 04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date