

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004620

Entity Name: MV RESIDENTIAL CONSTRUCTION, INC.**Current Principal Place of Business:**9349 WATERSTONE BLVD.
CINCINNATI, OH 45249**Current Mailing Address:**9349 WATERSTONE BLVD.
CINCINNATI, OH 45249**FEI Number: 31-1395004****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	GREENE, MICHAEL B
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	PRESIDENT
Name	HUMBERT, RANDY J
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	DIRECTOR
Name	KRUL II, WILLIAM H
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	DIRECTOR
Name	BLAKE, EDWARD J
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	DIRECTOR
Name	LIETTE, DAVID R
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	TREASURER
Name	MARKS, JANE E
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	SECRETARY
Name	MANGAN, ELIZABETH A
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

Title	DIRECTOR
Name	GOODWIN, JACK H
Address	9349 WATERSTONE BLVD.
City-State-Zip:	CINCINNATI OH 45249

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: DAVID R. LIETTE**DIRECTOR****04/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date