2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001029

1. Entity Name
HANLIN RAINALDI CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
6610 SINGLETREE DR. COLUMBUS, OH 43229	6610 SINGLETREE DR. COLUMBUS, OH 43229

DO NOT WRITE IN THIS SPACE

03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1356623
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KRULL, KRISTY
STREET ADDRESS	8381 SABLE CROSSING DR
CITY-ST-ZIP	COLUMBUS, OH 43240
TITLE	V
NAME	RAINALDI, EDWARD M
STREET ADDRESS	6857 LAKE FRONT BLVD.
CITY-ST-ZIP	COLUMBUS, OH 43235
TITLE	T
NAME	HANLIN, MICHAEL O
STREET ADDRESS	2456 COLLINS DR.
CITY-ST-ZIP	WORTHINGTON, OH 43085
TITLE	P
NAME	DOUGLASS, GRANT
STREET ADDRESS	6610 SINGLETREE DRIVE
CITY-ST-ZIP	COLUMBUS, OH 43229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristy Krull 4-5-06 614-436-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #