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01/04/2008	200800301674	ANNUAL REPORT OF PROFESSIONAL CORP (00A)	25.00	.00	.00	.00	.00

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CHESTER WILLCOX & SAXBE LLP  
 ATTN: ELIZABETH MCCARTHY  
 65 E. STATE ST, SUITE 1000  
 COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

811882

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**THOMAS EVAN MORGAN & ASSOCIATES CO., L.P.A.**  
 and, that said business records show the filing and recording of:

Document(s)

**ANNUAL REPORT OF PROFESSIONAL CORP**

Document No(s):

**200800301674**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 27th day of December,  
 A.D. 2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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**BIENNIAL REPORT**  
*(For Domestic or Foreign Profit)*  
Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX)**

<input checked="" type="checkbox"/> <u>2000</u> (indicate yr) Biennial Report of Professional Corporation (even-numbered years, beginning in 2002) List Profession <u>Practice of Law</u> (102-YRA)	<input type="checkbox"/> _____ (indicate year) Biennial Report of Registered Partnership Having Limited Liability (odd-numbered, beginning in 2003) (103-YRL)
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**Complete ALL of the general information in this section for the box checked above.**

DO HEREBY STATE THE FOLLOWING:

Name of Entity Thomas Evan Morgan & Associates Co., L.P.A.

Charter or Registration No. 811882

Check here if additional provisions are attached

**Complete the information in this section if box (1) is checked.**

**Shareholders of Professional Corporation**

Authenticating this form constitutes a certification that all of the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the practice that is listed above.

Names & Addresses **NOTE: P.O. Box Addresses are NOT acceptable.**

Thomas Evan Morgan, 906 East Broad Street, Columbus, Ohio 43205

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Complete the information in this section if box (2) is checked.

Please complete the appropriate information (either A or B)

(A) The Address of the Partnership's principal Office in Ohio is

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (County) Ohio (State) (Zip Code)

(B) The Address of the Partnership's Office is

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (County) (State) (Zip Code)

List Nature of Business

Name and Address of

(Name)

Agent (if applicable)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (County) Ohio (State) (Zip Code)

REQUIRED

Must be authenticated (signed) by a authorized representative (See Instructions)

Thomas E. Morgan

Authorized Representative

Thomas E. Morgan

12/18/2007

Date