

DATE: 01/04/2008 DOCUMENT ID 200800301678

DESCRIPTION ANNUAL REPORT OF PROFESSIONAL CORP (02A) FILING

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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):

200800301678



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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Filing F	ee \$25.00	
THE UNDERSIGNED DESIRING TO FILE A:		
(CHECK ONLY ONE (1) BOX)		
(1) 2002 (indicate yr) Biennial Report of Professional	(2)	(indicate year) Biennial Report
Corporation (even-numbered years, beginning in 2002)	of Registered Partnership	- · · · · ·
List Profession Practice of Law (102-YRA)	(odd-numbered, beginning in (103-YRL)	2003)
	(100 1112)	
Complete <u>ALL</u> of the general information in this section for the DO HEREBY STATE THE FOLLOWING:	e box checked above.	
Name of Entity Thomas Evan Morgan & Associates Co., I	L.P.A.	
Charter or Registration No. 811882		<del></del>
	·····	200 LUE,
Check here if additional provisions are attached		8865 1000 Di
		<u> </u>
	***	The state of the s
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 o	∴ otherwise legally authorized
Shareholders of Professional Corporation  Authenticating this form constitutes a certification that all of the below listed to render the professional services in this state in the practice that is listed a Names & Addresses  NOTE: P.O. Box Addresses are NO	ibove. DT acceptable.	
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(A) The Address of the I	Please complete the ap Partnership's principal Office	propriate inform in Ohio is	nation (either A	or B)			
	(Street)	NOTE: P.C	NOTE: P.O. Box Addresses are NOT acceptable.				
				Ohio			
	(City)		(County)	(State)	(Zip Code)		
B) The Address of the I	Partnership's Office is						
	(Street)	NOTE: P.O	NOTE: P.O. Box Addresses are NOT acceptable.				
	(City)		(County)	(State)	(Zip Code)		
ist Nature of Business							
Name and Address of	(Name)						
gent (if applicable)							
	(Street) NOTE: P.O. Box Addresses are NOT acceptable.						
				Ohio			
	(City)		(County)	(State)	(Zip Code)		
REQUIRED Must be authenticated (signed) by a authorized representative	Mos S. 7 Authorized Representativ	Mora -		Date	12/18/2007		
(See Instructions)	Thomas E. Morg	gan					

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Last Revised: May 2002