



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 796028		2. Exact name of the Corporation Facility Design, Inc.		
3. Principal office address 2723 Sawbury Blvd.		City Columbus	State Ohio	Zip 43235
4. Business Phone No. 614-761-9333		5. State of Incorporation Ohio		
6. Brief description of the character of business conducted in Rhode Island Engineering				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Roger J. Dierckman		Vice-President Name		
Street Address 6764 Monticello Lane		Street Address		
City Dublin	State Ohio	Zip 43016	City	State Zip
Secretary Name Fred A. Hunt		Treasurer Name Jerry W. Liechty		
Street Address 6130 Orangewick Dr. S.		Street Address 955 North Old State Rd.		
City Lewis Center	State Ohio	Zip 43035	City Delaware	State Ohio Zip 43015
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Roger J. Dierckman		Director Name Jerry W. Liechty		
Street Address 6764 Monticello Lane		Street Address 955 North Old State Rd.		
City Dublin	State Ohio	Zip 43016	City Delaware	State Ohio Zip 43015
Director Name Fred A. Hunt		Director Name		
Street Address 6130 Orangewick Dr. S.		Street Address		
City Lewis Center	State Ohio	Zip 43035	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		700	CWP	\$10.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 19 2014

BY 9930

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jerry W. Liechty
 Signature of Authorized Representative

05/13/2014

Date

Jerry W. Liechty, Treasurer

Print or Type Name of Authorized Representative