

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856567

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: FORT WAYNE INTERMEDIARIES, INC.

**Current Principal Place of Business:**

1700 MAGNAVOX WAY  
FORT WAYNE, IN 46804 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 MAGNAVOX WAY  
FORT WAYNE, IN 46804 US

**New Mailing Address:**

FEI Number: 35-1547628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WILSON, W. WELDON  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: SVPD ( ) Delete  
Name: ECKERT, RAYMOND A  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: S ( ) Delete  
Name: THOMPSON, ANN E  
Address: 5200 METCALF AVENUE  
City-St-Zip: OVERLAND PARK, KS 62002

Title: AS ( ) Delete  
Name: ASHBRIDGE, MARGARET  
Address: 1700 MAGNAVOX WAY  
City-St-Zip: FORT WAYNE, IN 46804

Title: SVPD ( ) Delete  
Name: ARNOLD, NEAL E  
Address: 1700 MAGNAVOX WAY  
City-St-Zip: FORT WAYNE, IN 46804

Title: VCFO ( ) Delete  
Name: WYATT, ROBYN A  
Address: 175 KING STREET  
City-St-Zip: ARMONK, NY 10504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: LEMON, MARK  
Address: 1700 MAGNAVOX WAY  
City-St-Zip: FORT WAYNE, IN 46804

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK LEMON

Electronic Signature of Signing Officer or Director

AS

02/21/2008

\_\_\_\_\_ Date