

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004892

FILED
Apr 12, 2011
Secretary of State

Entity Name: THE FINISH LINE, INC. OF INDIANA

Current Principal Place of Business:

3308 N. MITTHOEFFER ROAD
INDIANAPOLIS, IN 46235

New Principal Place of Business:

3308 N. MITTHOEFFER ROAD
INDIANAPOLIS, IN 46235 US

Current Mailing Address:

3308 N. MITTHOEFFER ROAD
INDIANAPOLIS, IN 46235

New Mailing Address:

3308 N. MITTHOEFFER ROAD
INDIANAPOLIS, IN 46235 US

FEI Number: 35-1537210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: VP
Name: COHEN, GARY D
Address: 3308 N MITTHOEFFER ROAD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: CEO
Name: LYON, GLENN S
Address: 3308 N MITTHOEFFER ROAD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: PRES
Name: SCHNEIDER, STEVEN J
Address: 3308 N MITTHOEFFER ROAD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: VP
Name: SWENSON, BEAU J
Address: 3308 N MITTHOEFFER ROAD
City-St-Zip: INDIANAPOLIS, IN 46235

Title: CFO
Name: WILHELM, ED
Address: 3308 N MITTHOEFFER ROAD
City-St-Zip: INDIANAPOLIS, IN 46235

I hereby 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 all other like empowered.

SIGNATURE: BEAU SWENSON

VP

04/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date