

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002208

FILED
Apr 05, 2010
Secretary of State

Entity Name: SCHNEIDER ENGINEERING CORP.

Current Principal Place of Business:

8901 OTIS AVENUE
INDIANAPOLIS, IN 46216

New Principal Place of Business:

Current Mailing Address:

8901 OTIS AVENUE
INDIANAPOLIS, IN 46216

New Mailing Address:

FEI Number: 35-1071991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: PRES
Name: SCHNEIDER TEMPLE, VICTORIA
Address: 8901 OTIS AVENUE
City-St-Zip: INDIANAPOLIS, IN 46216

Title: VP
Name: SCHNEIDER, J. BARRY
Address: 8901 OTIS AVENUE
City-St-Zip: INDIANAPOLIS, IN 46216

Title: TRES
Name: SCHNEIDER, MARILYN J
Address: 8901 OTIS AVENUE
City-St-Zip: INDIANAPOLIS, IN 46216

Title: DIR
Name: ADAMS, DAVID J
Address: 8901 OTIS AVENUE
City-St-Zip: INDIANAPOLIS, IN 46216

Title: DIR
Name: ZAVALETA, RAUL
Address: 8901 OTIS AVE.
City-St-Zip: INDIANAPOLIS, IN 46216

Title: DIR
Name: KERR, MIKE
Address: 8901 OTIS AVENUE
City-St-Zip: INDIANAPOLIS, IN 46216

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: VICTORIA SCHNEIDER TEMPLE

PRES

04/05/2010

Electronic Signature of Signing Officer or Director

_____ Date