


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000169 (2)

1. Corporation Name
MERIDIAN FINANCIAL CORPORATION



Principal Place of Business 8250 HAVERSTICK ROAD SUITE 110 INDIANAPOLIS IN 46240-2401 US	Mailing Address 8250 HAVERSTICK ROAD SUITE 110 INDIANAPOLIS IN 46240-2401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9265 Counselor's Row	26 9265 Counselor's Row			01/12/1994	
22 Suite 106	27 Suite 106	4. FEI Number		Applied For	
23 Indianapolis IN	28 Indianapolis IN	35-1894846		Not Applicable	
24 46240	25 U.S.	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 46240	30 U.S.	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, MICHAEL F	1.2 NAME	
STREET ADDRESS	8250 HAVERSTICK ROAD SUITE 110	1.3 STREET ADDRESS	9265 Counselor's Row Suite 106
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATTY, J. PHILLIP	2.2 NAME	JERROLD B. CANNADY
STREET ADDRESS	8250 HAVERSTICK ROAD SUITE 110	2.3 STREET ADDRESS	9265 Counselor's Row, Suite 106
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDMAN, WILLIAM L	3.2 NAME	
STREET ADDRESS	8250 HAVERSTICK ROAD SUITE 110	3.3 STREET ADDRESS	9265 Counselor's Row Suite 106
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERICHS, GERALD W	4.2 NAME	
STREET ADDRESS	8250 HAVERSTICK ROAD, SUITE 110	4.3 STREET ADDRESS	9265 Counselor's Row Suite 106
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, CURTIS	5.2 NAME	Thomas E. Galvin
STREET ADDRESS	8250 HAVERSTICK ROAD SUITE 110	5.3 STREET ADDRESS	9265 Counselor's Row, Suite 106
CITY-ST-ZIP	INDIANAPOLIS IN 46240-2401	5.4 CITY-ST-ZIP	Indianapolis, IN 46240
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Salvatore F. Mulia
CITY-ST-ZIP		6.4 CITY-ST-ZIP	9265 Counselor's Row Suite 106 Indianapolis, IN 46240

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)