

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90041 033 \*\*\*150.00

**DOCUMENT # F94000000169**

1. Entity Name

**MERIDIAN FINANCIAL CORPORATION**

Principal Place of Business

Mailing Address

9265 COUNSELOR'S ROW  
 106  
 INDIANAPOLIS IN 46240  
 US

9265 COUNSELOR'S ROW  
 106  
 INDIANAPOLIS IN 46240-6402  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**35-1894846**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST., STE. 105**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, MICHAEL F	
STREET ADDRESS	9265 COUNSELOR'S ROW, SUITE 106	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRINGTON, JERROLD B.	
STREET ADDRESS	9265 COUNSELOR'S ROW, SUITE 106	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT W	
STREET ADDRESS	9265 COUNSELOR'S ROW, SUITE 106	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALUHN, THOMAS E	
STREET ADDRESS	9265 COUNSELORS ROW, SUITE 106	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULIA, SALVATORE F	
STREET ADDRESS	9265 COUNSELOR'S ROW, SUITE 106	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAWLEY, DAVID L.	
STREET ADDRESS	9265 COUNSELOR'S ROW, SUITE 106	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ROBERT W. JOHNSON*

1/25/00  
 Date

317.814.2000  
 Daytime Phone #

CR2E034 (9/99)