

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001824 (1)**

1. Corporation Name
HERFF JONES, INC.



Principal Place of Business: **4501 WEST 62ND ST. INDIANAPOLIS IN 46268-2587**
Mailing Address: **4501 WEST 62ND ST. INDIANAPOLIS IN 46268-2587**

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FBI Number	Applied For
	35-1637714	<input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	C
NAME	HACKL, A.J.	1.2 NAME	Hackl, A.J.
STREET ADDRESS	4501 WEST 62ND ST.	1.3 STREET ADDRESS	4501 W. 62nd Street
CITY-ST-ZIP	INDIANAPOLIS IN 46268-2587	1.4 CITY-ST-ZIP	Indianapolis, IN 46268-2587
TITLE	DP	2.1 TITLE	D/P/CEO
NAME	DALY, DAVID G	2.2 NAME	Hubbard, James W.
STREET ADDRESS	4501 WEST 62ND ST.	2.3 STREET ADDRESS	4501 W. 62nd Street
CITY-ST-ZIP	INDIANAPOLIS IN 46268-2587	2.4 CITY-ST-ZIP	Indianapolis, IN 46268-2587
TITLE	VTSD	3.1 TITLE	V/T/S/D/CFO
NAME	MAKI, DENNIS L	3.2 NAME	Fehr, Lawrence F.
STREET ADDRESS	4501 WEST 62ND ST.	3.3 STREET ADDRESS	4501 W. 62nd Street
CITY-ST-ZIP	INDIANAPOLIS IN 46268-2587	3.4 CITY-ST-ZIP	Indianapolis, IN 46268-2587
TITLE	VC	4.1 TITLE	M/S/D
NAME	HUBBARD, JAMES W	4.2 NAME	Slaughter, Joe K.
STREET ADDRESS	4501 WEST 62ND ST.	4.3 STREET ADDRESS	4501 W. 62nd Street
CITY-ST-ZIP	INDIANAPOLIS IN 46268-2587	4.4 CITY-ST-ZIP	Indianapolis, IN 46268-2587
TITLE	DVM	5.1 TITLE	
NAME	POTTS, ROBERT S	5.2 NAME	
STREET ADDRESS	4501 WEST 62ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268-2587	5.4 CITY-ST-ZIP	
TITLE	MSD	6.1 TITLE	
NAME	ROGERS, P.T.	6.2 NAME	
STREET ADDRESS	4501 WEST 62ND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268-2587	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Lawrence F. Fehr* **Lawrence F. Fehr, VP-Finance, CFO** (317) 297-3740
Date: _____

CR2E034 (12/95)