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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000001824

1. Corporation Name
HERFF JONES, INC.



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
35-1637714

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HACKL, A.J.	
STREET ADDRESS	4501 WEST 62ND ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUBBARD, JAMES W	
STREET ADDRESS	4501 WEST 62ND ST	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	FEHR, LAWRENCE F	
STREET ADDRESS	4501 WEST 62ND ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SLAUGHTER, JOE K	
STREET ADDRESS	4501 WEST 62ND ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	POTTS, ROBERT S	
STREET ADDRESS	4501 WEST 62ND ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROGERS, P.T.	
STREET ADDRESS	4501 WEST 62ND ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hubbard, James W.	
1.3 STREET ADDRESS	4501 W. 62nd St.	
1.4 CITY-ST-ZIP	Indianapolis, IN 46268	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Crandall, Bernard R.	
2.3 STREET ADDRESS	4501 W. 62nd St.	
2.4 CITY-ST-ZIP	Indianapolis, IN 46268	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (317) 297-3740
 Date Daytime Phone #

CR2E034 (1/98)