

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90238 022 ***158.75

DOCUMENT # F95000005614

1. Entity Name
KELLEY INDIANA, INC.



Principal Place of Business
**36 S. PENNSYLVANIA STREET
#550
INDIANAPOLIS IN 46204
US**

Mailing Address
**36 S. PENNSYLVANIA STREET
#550
INDIANAPOLIS IN 46204
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1164047**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, E.W.

~~131 WODEN WAY SE
WINTER HAVEN FL 33884~~

**E. W. Kelley
131 Woden Way SE
Winter Haven, FL 33884**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **KELLEY, E.W.**
STREET ADDRESS **36 S. PENNSYLVANIA ST., STE 550**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

TITLE **Chairman** ☒ Change ☐ Addition
NAME **E. W. Kelley**
STREET ADDRESS **36 S. Pennsylvania St., Ste. 550**
CITY-ST-ZIP **Indianapolis, IN 46204**

TITLE **VD** ☐ Delete
NAME **KELLEY, W.L.**
STREET ADDRESS **4020 WATERFORD DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28226**

TITLE **President** ☐ Change ☒ Addition
NAME **E. W. Kelley II**
STREET ADDRESS **2700 Virginia Avenue, Unit 307**
CITY-ST-ZIP **Washington, DC 20037**

TITLE **STD** ☐ Delete
NAME **KELLEY, W.E.**
STREET ADDRESS **36 S. PENNSYLVANIA ST., STE 550**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VM** ☐ Delete
NAME **KELLEY, CHRIS M**
STREET ADDRESS **6085 W 550N**
CITY-ST-ZIP **SHARPSVILLE IN 46068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VAST** ☐ Delete
NAME **ARAMIAN, S.S.**
STREET ADDRESS **14 SUTTON PLACE SOUTH**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ADD** ☐ Delete
NAME **Asst. Secretary-Treasurer**
STREET ADDRESS **B. Charlene Boog**
CITY-ST-ZIP **36 S. Pennsylvania St., Suite 550**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG. B. Charlene Boog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03

Date

(317) 633-4240

Daytime Phone #

CR2E034 (10/02)