

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000820

FILED
Apr 28, 2010
Secretary of State

Entity Name: AMERICAN IMAGING MANAGEMENT, INC.

Current Principal Place of Business:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

New Mailing Address:

FEI Number: 36-3692630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CADY, BRANDON W P
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: S
Name: KIEFER, KATHLEEN S
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T
Name: KRETSCHMER, DAVID T
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: DEVEYDT, WAYNE S D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: KELAGHAN, CATHERINE I.
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: KENNEDY, JOAN
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

S

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date