

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

US98115

DOCUMENT # F96000005883

1. Entity Name

CPI-COUNTRYSIDE CORPORATION

05-16-2001 90220 039 ***550.00

Principal Place of Business

Mailing Address

115 N WASHINGTON STREET
 STE 15E
 INDIANAPOLIS IN 46204

P.O. BOX 7066
 TAX DEPT
 INDIANAPOLIS IN 46207

700112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3414562**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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	CD	<input type="checkbox"/> Delete
NAME	SIMON, MELVIN	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SIMON, HERBERT	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, DAVID	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOKOLOV, RICHARD S	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARKLEY, JAMES M	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STERRETT, STEPHEN E	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Justice	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	Indpls IN 46204	

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

Date

Daytime Phone #

5-4-01

CR2E034 (10/00)