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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90109 036 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # F97000000719

1. Corporation Name
 MID AM FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
 11595 N MERIDIAN ST #750 11595 N MERIDIAN ST #750
 CARMEL IN 46032 CARMEL IN 46032
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 02/10/1997

4. FEI Number Applied For
 35-2001377 Not Applicable

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 2a. Mailing Address
 21 N/A 26 N/A

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27

City & State City & State
 23 28

Zip Country Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, DONALD R	
STREET ADDRESS	11595 N. MERIDIAN ST.	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, ROSELLA J	
STREET ADDRESS	11595 N MERIDIAN ST #750	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLUMB, MARCI	
STREET ADDRESS	222 S. MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH 43402	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRANCISCO, DAVE	
STREET ADDRESS	222 S. MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH 43402	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLIN, WAYNE	
STREET ADDRESS	222 S. MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH 43402	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALEAR, MARILYN	
STREET ADDRESS	222 S. MAIN ST.	
CITY-ST-ZIP	BOWLING GREEN OH 43402	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED EXHIBIT A
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 reports 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: *[Signature]* 1-25-99 (317) 815-2028

CR2E034.(11/98)

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F97000000719

EXHIBIT A
MID AM FINANCIAL SERVICES, INC.
1999 FLORIDA ANNUAL REPORT

1.1 TITLE	PD; D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Bernard A. Sikorski		
1.3 STREET ADDRESS	11595 N. Meridian Street, Suite 750		
1.4 CITY-ST-ZIP	Carmel, Indiana 46032		
2.1 TITLE	CFO (Chief Financial Officer)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Ralph J. Foscolo		
2.3 STREET ADDRESS	11595 N. Meridian Street, Suite 750		
2.4 CITY-ST-ZIP	Carmel, Indiana 46032		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Marci L. Klumb		
3.3 STREET ADDRESS	221 S. Church Street		
3.4 CITY-ST-ZIP	Bowling Green, Ohio 43402		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	David R. Francisco		
4.3 STREET ADDRESS	221 S. Church Street		
4.4 CITY-ST-ZIP	Bowling Green, Ohio 43402		
5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Fred H. Johnson, III		
5.3 STREET ADDRESS	221 S. Church Street		
5.4 CITY-ST-ZIP	Bowling Green, Ohio 43402		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	Marilyn O. McAlear		
6.3 STREET ADDRESS	221 S. Church Street		
6.4 CITY-ST-ZIP	Bowling Green, Ohio 43402		
7.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
7.2 NAME	Edward J. Reiter		
7.3 STREET ADDRESS	221 S. Church Street		
7.4 CITY-ST-ZIP	Bowling Green, Ohio 43402		
8.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
8.2 NAME	Emerson J. Ross, Jr.		
8.3 STREET ADDRESS	221 S. Church Street		
8.4 CITY-ST-ZIP	Bowling Green, Ohio 43402		