2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CONSONA CORPORATION

Current Principal Place of Business:

450 E 96TH ST.
STE 300
INDIANAPOLIS, IN 46240

New Principal Place of Business:

Current Mailing Address:

450 E 96TH ST.
STE 300
INDIANAPOLIS, IN 46240

New Mailing Address:

FEI Number: 35-1665080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P
Name: TOGNONI, JEFF
Address: 450 E. 96TH ST., STE. 300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: VP
Name: KINDER, KATHERINE
Address: 450 E. 96TH ST., STE. 300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: AS
Name: MELTON, DON
Address: 450 E. 96TH ST., STE. 300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR
Name: TABORS, DAVE
Address: 450 E. 96TH ST., STE. 300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR
Name: AGRAWAL, NEERAJ
Address: 450 E. 96TH ST., STE. 300
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR
Name: ORLANDO, BRAVO
Address: 450 E. 96TH ST., STE. 300
City-St-Zip: INDIANAPOLIS, IN 46240

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: DON MELTON AS 04/01/2011

Electronic Signature of Signing Officer or Director — Date