

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 25 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P10105** (5)  
1. Corporation Name  
**BOYD/SOBIERAY ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
6810 N. SHADELAND AVE. 6810 N. SHADELAND AVE.  
INDIANAPOLIS IN 46220 INDIANAPOLIS IN 46220  
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/15/1986	01/28/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		35-1323170	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/> X	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name	
				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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBIERAY, RICHARD J.	1.2 NAME	ALTEMEYER, DONALD B.
STREET ADDRESS	808 SURREY HILL LANE	1.3 STREET ADDRESS	5601 Washington Blvd
CITY - ST - ZIP	GREENWOOD IN	1.4 CITY - ST - ZIP	Indianapolis, IN 46220 2
TITLE	PD	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTEMEYER, DONALD B.	2.2 NAME	HOOVER, MONTE L.
STREET ADDRESS	5601 WASHINGTON BLVD.	2.3 STREET ADDRESS	12534 Anchorage Way
CITY - ST - ZIP	INDIANAPOLIS IN	2.4 CITY - ST - ZIP	Fishers, IN 46038
TITLE	STV	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADCLIFF, RICHARD D.	3.2 NAME	RADCLIFF, RICHARD D.
STREET ADDRESS	38 TOMAHAWK TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	TRAFALGAR IN	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADCLIFF, RICHARD D	4.2 NAME	FETZ, RICHARD A.
STREET ADDRESS	38 TOMAHAWK TRAIL	4.3 STREET ADDRESS	7652 Pinespring West Drive
CITY - ST - ZIP	TRAFALGAR IN	4.4 CITY - ST - ZIP	Indianapolis, IN 46256
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ROBERT B	5.2 NAME	
STREET ADDRESS	6010 SHADELAND AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Boyd *Robert B. Boyd* 20 JAN 95 (317) 849-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Telephone Number)