

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10105 (5)**

1. Corporation Name  
**BOYD/SOBIERAY ASSOCIATES, INC.**



Principal Place of Business <b>6810 N. SHADELAND AVE. INDIANAPOLIS IN 46220 US</b>	Mailing Address <b>6810 N. SHADELAND AVE. INDIANAPOLIS IN 46220 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 9365 Counselors Row</b>		2a. Mailing Address <b>26 Same</b>		3. Date Incorporated or Qualified <b>05/15/1986</b>	
Suite, Apt. #, etc. <b>22 Suite 300</b>		Suite, Apt. #, etc.		4. FEI Number <b>35-1323170</b>	
City & State <b>23 Indianapolis, IN</b>		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 46240</b>	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>29</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOVER, MOTE L</b>	1.2 NAME	
STREET ADDRESS	<b>12534 ANCHORAGE WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FISHERS IN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTEMEYER, DONALD B.</b>	2.2 NAME	
STREET ADDRESS	<b>5801 WASHINGTON BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOCKWELL, REX O.</b>	3.2 NAME	
STREET ADDRESS	<b>90 WILLIAMSBURG CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZIONSVILLE IN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FETZ, RICHARD A</b>	4.2 NAME	
STREET ADDRESS	<b>7852 PINESPRING WEST DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, ROBERT B</b>	5.2 NAME	
STREET ADDRESS	<b>6810 SHADELAND AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Robert B. Boyd, Asst. Treasurer *Robert B. Boyd* 19 January 1998 (317)819-7878

CFR2E034 (10/97)