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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90021 030 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P10105

1. Corporation Name
BOYD/SOBIERAY ASSOCIATES, INC.

Principal Place of Business: 9365 COUSELORS ROW SUITE 300 INDIANAPOLIS IN 46240 US
 Mailing Address: 9365 COUSELORS ROWS SUITE 300 INDIANAPOLIS IN 46240 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9365 Counselors Row
 Suite, Apt. #, etc: 22 Suite 300
 City & State: 23 Indianapolis, IN
 Zip: 24 46240 Country: 25 U.S.

2a. Mailing Address: 26 Same
 Suite, Apt. #, etc: 27
 City & State: 28
 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 05/15/1986
 4. FEI Number: 35-1323170 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing: **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOOVER, MOTE L | 1.2 NAME | |
| STREET ADDRESS | 12534 ANCHORAGE WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FISHERS IN | 1.4 CITY-ST-ZIP | |
| TITLE | CD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALTEMEYER, DONALD B. | 2.2 NAME | |
| STREET ADDRESS | 5601 WASHINGTON BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STOCKWELL, REX O. | 3.2 NAME | |
| STREET ADDRESS | 90 WILLIAMSBURG CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ZIONSVILLE IN | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FETZ, RICHARD A | 4.2 NAME | |
| STREET ADDRESS | 7652 PINESPRING WEST DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOYD, ROBERT B | 5.2 NAME | |
| STREET ADDRESS | 6810 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 | |

| | | | |
|--------------------|----|--------------------|------------------------|
| 5.5 NAME | SD | 5.6 NAME | REED, SAMUEL J. |
| 5.7 STREET ADDRESS | | 5.8 STREET ADDRESS | 5860-E. 79TH STREET |
| 5.9 CITY-ST-ZIP | | 5.10 CITY-ST-ZIP | INDIANAPOLIS, IN 46250 |

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, with all other like empowered.

SIGNATURE: Robert B. Boyd, Assistant Treasurer *Robert B. Boyd* 27 April 1999 (317)819-7878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)