

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 006 ***558.75

DOCUMENT # P10105

1. Entity Name
BSA DESIGN, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1323170**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOVER, MONTE L	
STREET ADDRESS	12534 ANCHORAGE WAY	
CITY-ST-ZIP	FISHERS IN 46038	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ALTEMEYER, DONALD B.	
STREET ADDRESS	5601 WASHINGTON BLVD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REED, SAMUEL J	
STREET ADDRESS	5860 E 79TH ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FETZ, RICHARD A	
STREET ADDRESS	7652 PINESPRING WEST DR	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIGMAN, WILLIAM A	
STREET ADDRESS	7403 HAZELWOOD AVENUE	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYD, ROBERT B	
STREET ADDRESS	9365 COUNSELORS ROW STE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B. Boyd* **REQUIRE** Robert B. Boyd
 Asst. Treasurer 07/26/02 317-819-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)