

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10105

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** BSA LIFESTRUCTURES INC.

**Current Principal Place of Business:**

9365 COUNSELORS ROW  
INDIANAPOLIS, IN 46240 US

**New Principal Place of Business:**

**Current Mailing Address:**

9365 COUNSELORS ROW  
INDIANAPOLIS, IN 46240 US

**New Mailing Address:**

**FEI Number:** 35-1323170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DIR  
Name: ALTEMEYER, DONALD B  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR  
Name: REED, SAMUEL J  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: PRES  
Name: SMITH, KEITH H  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: TDIR  
Name: FETZ, RICHARD A  
Address: 9365 COUNSELORS ROW  
City-St-Zip: INDIANAPOLIS, IN 46240

Title: SDIR  
Name: SNYDER, ROBERT W  
Address: 9365 COUNSELORS ROW  
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: ANNE MEYER

POA

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date