


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90928 036 ***158.75

0696324 FP

| | |
|------------------------------------|---|
| 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 |
|---|--|



| | |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 9365 Counselors Row |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

CHECK HERE IF MAKING CHANGES

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 35-1323170 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|-----------------------------|--|

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOOVER, MONTE L 12534 ANCHORAGE WAY FISHERS IN 46038 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ALTEMEYER, DONALD B. 5601 WASHINGTON BLVD. INDIANAPOLIS IN <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REED, SAMUEL J 5860 E 79TH ST INDIANAPOLIS IN 46250 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FETZ, RICHARD A 7652 PINESPRING WEST DR INDIANAPOLIS IN <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SIGMAN, WILLIAM A 7403 HAZELWOOD AVENUE INDIANAPOLIS IN 46260 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOYD, ROBERT B 9365 COUNSELORS ROW STE 300 INDIANAPOLIS IN 46240 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B. Sigman* **REQUIRED** St. Treasurer 07 Apr 2003 (317) 819-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)